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OF THE
PUBLIC HEALTH COMMISSIONER WITH
THE GOVERNMENT OF INDIA

FOR
1921

WITH

APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG
EUROPEAN TROOPS, INDIAN TROOPS, AND PRISONERS
IN INDIA FOR THE YEAR.



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SECTION I.

BRITISH ARMY IN INDIA.

(From the Director, Medical Services in India.)

A.—General.

1. The following Table (A-1) gives the average strength of British regular troops in India, and the main statistical facts regarding their health during 1921, with comparative figures for the quinquennial periods 1910-14 and 1915-19, and for the years 1915 to 1920, inclusive—approximate figures for 1922 have also been entered where available.

TABLE A-1.
Main Health Statistics by years.

Period.	Average strength.	Admissions.	Deaths.	Invalids sent home.	Average constantly sick.	RATIO PER 1,000 OF STRENGTH.				Average period of illness of each soldier calculated on average strength.	Average duration of each case of sickness.
						Admissions.	Deaths.	Invalids sent home.	Average constantly sick.		
1910-14 (Average)	69,440	39,389	303	483	2,094.57	567.2	4.36	7.03	30.13	10.0	19.39
1915 ...	44,891	26,952	267	889	1,754.19	823.1	5.95	19.30	19.08	14.26	17.33
1916 ...	60,737	46,892	397	1,343	2,414.56	772.0	6.54	22.11	39.75	14.55	18.85
1917 ...	80,825	62,372	390	1,337	3,637.45	771.7	4.83	16.54	45.60	16.63	21.57
1918 ...	87,982	91,637	1,424	2,007	5,286.61	1,030.2	16.19	22.81	69.00	21.93	21.29
1919 ...	56,561	51,982	438	4,324	3,245.81	972.1	7.74	76.40	57.39	20.95	21.55
1915-19 (Average)	66,199	58,367	583	1,980	3,277.52	831.7	8.81	28.91	49.51	18.67	20.50
1920 ...	57,332	61,429	385	2,314	3,483.03	1,071.5	6.72	40.36	60.84	18.07	20.78
1921 ...	58,681	60,515	408	749	3,070.04	1,031.3	6.95	12.76	52.32	19.10	18.52
1922*...	59,725	37,177	284	...	1,896.67	622.5	4.76	...	31.76	...	...

* Provisional approximate figures taken from the monthly returns.

The outstanding feature of this table is the progressive deterioration which has taken place in the health of the troops since the period 1910-14. This was to be expected. In chart A are shown the admission, mortality and constantly sick ratios per mille for all causes of sickness from 1875 to 1920. All three curves in this chart follow the same course and demonstrate a steady and sustained improvement in the health of the troops from year to year between 1898 and 1913. A detailed examination of similar charts for different diseases, as they affected the British Army during the same period, shows that the improvement was not confined to a few diseases only, but was general, and extended to all the chief causes of sickness. No explanation of these results can be given on climatic grounds as the health statistics of the civil population show no corresponding improvement. Many minor influences may have been at work, but there can be little doubt that the results attained were mainly due to the enormous strides which were made in our knowledge of the causes and prevention of disease towards the close of last century, to the attention which these advances in our knowledge received from the Medical Department, and to the organisation which was built up to make the fullest use of each advance as it occurred so far as circumstances would permit. This organisation aimed at the reduction of sickness by closer attention to the healthy troops, and by a stricter supervision of all the hygienic conditions under which

the soldier lives. It not only included a more thorough training of the medical officers in hygiene and the scientific methods of disease control, but also, by lectures and leaflets explaining the simpler rules of health in a tropical climate, enlisted a more intelligent and active co-operation of both officers and men.

With the outbreak of war in 1914 the trained medical staff and seasoned troops were drafted to the various theatres of war and replaced in India by new troops fresh from England and medical officers with little, if any, experience of a tropical climate and the means of combating the peculiar dangers to health which such a climate involves. A partial dislocation in the efficiency of the measures for the control of disease, so carefully organised in the pre-war years, was inevitable and the results are those shown in Table A.-1 and Chart A during the years 1914 to 1920. Strenuous efforts were made to re-constitute the pre-war medical organisation, but, with the constant movement of medical officers and of troops that was necessary, only a very partial success was attainable while the war lasted. Since 1920, however, more has been possible. The ratios of admissions, of casualties by death and invaliding, and of constantly sick, shown against 1921 in Table A.-1, are all lower than in the previous year, while the average period of illness of each soldier, and the average duration of each case of sickness, are also somewhat less. Taken by themselves, the total figures show only a slight improvement but, considered with the facts, (a) that 1921 was a year of unusual prevalence of malaria in those areas where the bulk of the troops were stationed, and (b) that troops serving with the Waziristan Force, whose statistics are included, were under field service conditions for the whole year, they offer very definite indications that the worst has been passed, and that a turn has been made towards the satisfactory health conditions which characterised the years immediately pre-war. The provisional statistics for the year 1922 shown in Table A.-1 fully bear out this opinion.

ADMISSION AND DEATH RATIOS FOR THE CHIEF DISEASES BY YEARS.

2. The ratios per mille of admissions for, and deaths from, the principal diseases for the quinquennial periods 1910-14 and 1915-19 and the years 1915 to 1921 inclusive, are given in Tables A.-2 and A.-3 below.

TABLE A.-2.

Admission ratios for chief diseases by years.

(Ratios are per 1,000 of average strength.)

Period.	Influenza.	Cholera.	Small-pox.	Enteric group of fevers.	Malaria.	Sandy fever.	Pyrexia of uncertain origin.	Rheumatic fever.	Heat-stroke.	Circulatory diseases.	Pulmonary tuberculosis.	Pneumonia.	Other respiratory diseases.	Dysentery.	Diarrhoea.	Hepatic abscess.	Hepatic congestion and inflammation.	Scabies.	Veneral diseases.	All causes.
1910-14 (Average)...	3.3	0.3	0.1	3.3	117.2	21.9	22.8	4.5	1.2	7.4	1.1	2.4	12.6	6.5	21.9	0.7	7.6	3.38	55.1	567.1
1915 ...	7.4	0.4	0.1	3.7	154.5	41.1	9.8	11.5	4.6	14.7	1.1	2.7	21.3	5.6	26.5	0.5	8.5	5.30	29.1	823.1
1916 ...	6.6	0.8	0.4	5.2	186.0	45.9	7.4	7.5	5.3	18.5	1.9	2.9	23.9	8.2	26.5	0.7	6.3	7.11	36.8	772.0
1917 ...	7.3	0.2	0.4	3.4	227.9	22.9	4.2	4.7	1.5	14.3	1.5	2.8	13.7	11.1	25.7	0.6	4.9	10.34	52.9	771.7
1918 ...	219.5	1.0	1.3	7.5	269.2	30.0	1.2	3.6	10.4	18.7	1.8	3.1	27.4	13.8	24.4	0.7	4.1	5.74	62.5	1080.2
1919 ...	25.2	0.4	3.1	4.5	217.8	51.5	1.2	3.8	7.4	26.7	1.5	5.1	32.5	14.2	31.1	0.9	4.0	11.49	87.6	972.1
1915-19 (Average)...	66.6	0.6	1.1	5.1	219.5	36.3	4.3	5.7	6.0	18.4	1.6	3.3	25.9	11.1	26.5	0.7	5.3	8.04	55.0	681.7
1920 ...	14.8	0.0	0.4	4.6	176.6	91.8	2.0	4.2	6.1	17.4	1.4	4.4	28.7	10.1	32.5	0.5	3.0	17.93	118.2	1,071.5
1921 ...	7.6	0.6	0.5	3.4	321.7	74.8	0.6	3.1	3.73	10.9	1.1	4.0	24.7	12.1	26.2	0.8	4.6	4.8	110.4	1,031.3
1922* ...	...	...	...	...	174.0	...	...	...	...	...	...	...	...	...	...	...	...	...	85.9	622.5

N.B.—The order in which the diseases appear in the text and tables of this report conform as far as possible with the order in which they appear in the prescribed Tables of the Indian Medical Service, which are appended.

* Provisional approximate figures taken from the monthly returns.

TABLE A.-3.

Death ratios from chief diseases by years.

(Ratios are per 1,000 of average strength.)

Period.	Influenza.	Cholera.	Small-pox.	Enteric group of fevers.	Malaria.	Sandfly fever.	Pyrexia of uncertain origin.	Rheumatic fever.	Heat stroke.	Circulatory diseases.	Pulmonary tuberculosis.	Lobar Pneumonia.	Other respiratory diseases.	Dysentery.	Diarrhoea.	Hepatic abscess.	Hepatic congestion and inflammation.	Veneral diseases.	All causes.
1910-14 (Average)	...	0.14	0.01	0.37	0.13	...	0.00	0.00	0.22	0.31	0.16	0.26	0.08	0.19	..	0.33	0.22	0.05	4.36
1915	0.18	...	0.36	...	...	0.07	0.74	0.42	0.11	0.38	0.07	0.29	...	0.20	0.02	0.02	5.95
1916	0.31	0.07	0.54	...	0.10	0.02	0.74	0.33	0.18	0.54	0.10	0.30	...	0.21	0.03	0.03	6.54
1917	0.16	0.11	0.41	...	0.01	...	0.15	0.20	0.16	0.36	0.17	0.26	..	0.16	0.01	0.04	4.63
1918	...	8.81	0.42	0.20	0.70	...	0.01	0.02	0.10	0.47	0.20	0.59	0.20	0.25	...	0.25	0.02	0.03	16.19
1919	...	0.25	5.19	0.34	0.44	...	...	0.02	0.74	0.39	0.18	0.92	0.30	0.28	...	0.19	0.04	0.02	7.74
1915-19 (Average)	0.39	0.27	0.15	0.51	0.53	...	0.03	0.02	0.69	0.33	0.17	0.53	0.18	0.27	...	0.21	0.03	0.03	8.81
1920	...	0.07	..	0.07	0.45	...	...	0.02	1.31	0.44	0.16	0.70	0.10	0.16	..	0.21	0.03	0.07	6.72
1921	...	0.03	0.39	0.12	0.34	...	...	0.03	1.14	0.36	0.14	0.53	0.46	0.15	...	0.26	...	0.02	6.95
1922	4.76

The various diseases are discussed later under their different headings but one or two points brought out by these tables are worthy of note here.

It will be seen that, of the 20 groups of diseases, 14 showed a lower admission rate, and 9, a lower death rate, in 1921 than in the previous year.

Malaria was the chief cause of sickness and accounted for nearly one-third (32.0 per cent.) of the total number of admissions during 1921 : it also caused higher admission and death ratios than in any previous year shown in the table since 1910.

Next to malaria, the largest number of admissions were due to venereal diseases, diarrhoea, and other respiratory diseases, with ratios of 110.4, 26.2 and 24.7 per mille, respectively.

Pyrexia of uncertain origin has almost disappeared as a diagnosis. This is due to a much more general use of the microscope, and other laboratory methods, as aids to diagnosis. During 1921 this undetermined class of fevers was responsible for a proportion of only 1 in 1,719 of the total admissions and for no deaths.

Both the admission and death ratios for the enteric group of fevers fell in 1921 to their pre-war level.

ADMISSION AND DEATH RATIOS FOR THE CHIEF DISEASES DURING 1921 BY COMMANDS AND INDEPENDENT DISTRICTS.

3. At the end of 1920 the Army in India which had formerly consisted of a Northern and Southern Army and later of Northern and Southern Commands was reorganized into four Commands—Northern, Eastern, Western and Southern with Burma as an independent district. The Waziristan Force was also kept independent.

In Table A.-4 the distribution of disease during 1921 is shown by commands, the admission and death ratios per mille being given separately by diseases for each area.

TABLE A.-4.

(Ratios are per 1,000 of strength.)

		Influenza.	Cholera.	Small-pox.	Enteric group of fevers.	Malaria.	Sandfly fever.	Pyrexia of uncertain origin.	Rheumatic fever.	Heat-stroke.	Circulatory diseases.	Pulmonary tuberculosis.	Lobar pneumonia.	Other respiratory diseases.	Dysentery.	Diarrhoea.	Hepatic abscess.	Hepatic congestion and inflammation.	Venereal diseases.	All causes admissions.	All causes deaths.
Northern Command	Adms.	9.3	1.0	0.7	5.0	330.6	175.1	0.5	3.3	6.2	10.0	1.2	5.6	24.8	11.5	21.3	1.0	2.9	83.4	1,000.5	...
	Deaths	...	0.49	0.12	0.49	0.99	...	...	...	1.72	0.31	0.06	0.63	0.83	0.03	...	0.37	...	...	...	8.1
Eastern Command	Adms.	3.4	1.3	0.3	3.0	341.7	69.8	0.3	3.1	4.5	9.8	0.9	4.3	28.4	13.0	35.1	0.3	11.1	106.1	1,124.1	...
	Deaths	..	0.79	0.07	0.53	0.66	...	...	...	1.65	0.33	0.26	0.33	0.23	0.33	...	0.33	...	...	...	7.7
Western Command	Adms.	16.4	...	0.4	3.2	320.8	31.5	1.6	8.5	0.5	13.5	1.8	5.3	21.3	12.5	22.2	1.2	2.0	103.7	863.5	...
	Deaths	0.18	...	...	0.18	0.89	...	...	..	...	0.71	0.13	1.07	0.13	...	...	0.13	...	...	...	4.9
Southern Command	Adms.	5.1	...	0.3	2.5	233.3	6.0	0.2	2.0	2.3	12.2	0.3	2.4	23.3	11.9	2.5	0.7	1.7	136.7	944.0	...
	Deaths	0.05	...	0.22	0.16	0.55	...	...	0.11	0.36	0.33	0.11	0.38	0.16	0.11	...	0.16	..	...	...	6.4
Burma Independent District.	Adms.	1.1	...	...	...	61.1	...	...	5.3	...	4.2	0.5	0.5	20.7	6.9	5.8	...	4.8	205.3	717.2	...
	Deaths	...	...	...	...	...	...	...	...	...	...	..	...	...	0.53	...	...	...	...	...	1.5
Waziristan Force	Adms.	0.4	2.4	...	8.8	1,018.3	127.5	...	2.4	4.8	12.7	2.4	4.0	23.1	19.1	43.3	0.8	0.8	35.1	1,537.7	...
	Deaths	...	2.39	...	...	2.39	...	...	...	1.59	0.81	...	1.59	3.98	...	...	...	...	...	...	24.3

Compared with the peace Commands the British troops serving with the Waziristan Force, relatively few in number, had the heaviest admission and death ratios per mille for all causes, the former being nearly one-half, and the latter nearly three times, more than the next highest in any other area. The high admission ratio was chiefly due to malaria and sandfly fever and the death rate to the former disease, cholera, heat-stroke, lobar pneumonia and other respiratory diseases. Enteric fevers, dysentery and diarrhoea were also prevalent. The actual numbers were, however, small, the total admissions and deaths being only 2,093 and 28, respectively. Owing to the conditions under which the Force was serving, venereal disease was particularly light in its incidence, and was almost wholly confined to relapses of old infections or cases in men returning from leave.

In Burma, the incidence of disease was light and, but for the prevalence of venereal disease, this District would have had a very healthy year.

Both the Western and the Southern Commands were free from cholera; Burma district was also free from that disease as well as from small-pox and the enteric fevers.

ADMISSION AND DEATH RATIOS FOR ALL CAUSES BY DIVISIONS AND BY YEARS.

4. Coincident with the reorganization of the army in India into four commands, the 11 pre-existing divisions were re-arranged into 15 districts. In most cases the boundaries of the divisions and districts do not correspond so that their statistics are only roughly comparable. The chief changes are shown as far as possible in Table A.-5 which gives the total admission, and total death, ratios per 1,000, by divisions and districts, for the quinquennial periods 1910-14 and 1915-19 and for the years 1920 and 1921.

TABLE A.-5.

(Ratios are per 1,000 of average strength.)

Divisions	1910-14 (AVERAGE).		1915-19 (AVERAGE).		1920.		Districts	1921.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		Admissions.	Deaths.
1st (Peshawar) ...	1,008.0	4.72	1,024.6	11.84	1,506.9	10.41	Peshawar District ...	1,087.1	5.99
2nd (Rawalpindi) ...	644.3	3.81	909.3	9.95	956.3	6.54	Rawalpindi „ ...	952.6	8.24
16th (Indian) ...	621.5	4.81	965.4	10.58	1,149.9	8.83	Lahore „ ...	1,125.3	10.12
Frontier Brigades	...	...	...	...	1,366.9	4.47	Kohat „ ...	1,876.6	8.30
Meerut ...	477.4	4.27	874.0	9.71	1,080.6	5.35	United Provinces District ... Allahabad Brigade Area ... Presidency and Assam District	1,060.8	7.29
Lucknow ...	541.2	5.97	819.3	8.54	966.1	7.93		1,243.6	12.74
								1,285.6	6.16
4th (Quetta) ...	552.3	3.71	854.0	8.89	950.1	5.99	Baluchistan District ... Sind-Rajputana District ... Central Provinces District ..	1,87.8	4.77
5th (Mhow) ...	692.8	4.09	787.1	8.35	1,046.3	7.65		1,213.6	5.25
								1,033.3	7.13
Poona ...	501.7	3.79	928.3	8.42	1,156.5	6.09	Poona district ... Bombay ... Madras District ...	775.1	2.40
9th (Secunderabad)	469.2	3.93	811.8	6.44	857.1	2.58		1,280.7	10.47
								822.5	3.93
Burma ...	591.3	4.89	835.7	6.36	1,017.3	5.03	Burma Independent District	717.2	1.59
							Waziristan Force ...	1,667.7	22.31

The areas of the four districts of the Northern Command (Peshawar, Rawalpindi, Lahore and Kohat) and of the Burma District correspond closely with those of the pre-existing Divisions and the statistics can be taken as comparable. In the other commands the position is less simple. The United Provinces, and Presidency and Assam Districts with the Allahabad Brigade Area of the Eastern Command have been formed from the Meerut and Lucknow Divisions, the Baluchistan and Sind-Rajputana Districts of the Western Command from the Quetta Division with part of the Mhow Division added, and the Central Provinces, Poona, Bombay and Madras Districts of the Southern Command from the remainder of the Mhow Division and the Poona and Secunderabad Divisions. The statistics of those areas are therefore not quite comparable. Waziristan Force for statistical purposes has to be classified provisionally as a new area altogether.

The causes of the relatively high sickness in the Waziristan Force have been stated in the preceding paragraph : Kohat is also a Frontier district and, the influences towards disease and the results are very similar.

In spite of an unusual prevalence of malaria in the area, the health of the Peshawar district troops in 1921 almost attained to the pre-war level. Malaria and sandfly fever caused more than half the sickness, and malaria, heat-stroke and “ other respiratory diseases ” more than half the total deaths. In the Rawalpindi and Lahore Districts less success was attained. In both areas

malaria was unusually prevalent amongst the civil population and that disease and sandfly fever were the main causes of sickness amongst the troops : in both areas also heat-stroke which is closely associated with malaria was the chief cause of mortality.

In Burma, the only other district in the table whose statistics allow of direct comparison with previous years, the health was very satisfactory. The mortality during 1921 was well below the pre-war level and, but for a high prevalence of venereal disease, the admission ratio would have been also.

STATIONS WITH STRENGTHS OF OVER 1,000 IN ORDER OF THEIR ADMISSION RATIOS FOR 1921, WITH DEATHS AND CONSTANTLY SICK RATIOS.

5. In Table A.-6 are given in order the 10 stations, with a strength of over 1,000, which had the highest admission ratios per mille during 1921 : the ratios for deaths and constantly sick are also shown together with the corresponding figures for the previous four years.

TABLE A.-6.

(Ratios are per 1,000 of average strength.)

Stations.	Average strength, 1921.	ADMISSION RATIOS FOR "ALL CAUSES."					DEATH RATIOS FOR "ALL CAUSES."					AVERAGE CONSTANTLY SICK PER 1,000 OF AVERAGE STRENGTH.				
		1921	1920	1919	1918	1917	1921	1920	1919	1918	1917	1921	1920	1919	1918	1917
Colaba (Bombay)	1,132	1,861.3	1,922.7	2,026.2	2,022.5	1,593.7	15.90	10.57	22.42	16.91	11.89	89.82	115.1	124.5	105.6	84.6
Karachi	1,007	1,406.2	1,296.7	827.9	909.4	819.6	7.94	7.91	10.23	12.64	7.07	61.56	65.0	29.3	55.0	45.3
Nowshera	1,111	1,236.7	1,152.6	829.2	1,353.1	971.1	5.40	8.77	5.54	23.47	4.44	42.84	47.2	44.9	50.2	47.6
Sialkot	1,259	1,204.1	957.8	820.2	1,004.2	938.6	7.94	10.34	6.81	27.48	5.19	49.23	43.0	57.7	51.5	44.5
Delhi	1,137	1,183.8	1,178.5	1,249.6	816.2	782.7	13.19	9.86	18.30	24.45	6.84	42.42	46.6	51.9	41.4	39.5
Peshawar	1,478	1,165.5	1,746.1	893.8	1,270.3	1,059.1	9.47	15.22	7.05	34.61	7.15	43.73	67.9	45.3	45.2	42.9
Rawalpindi	2,507	1,167.5	1,027.9	1,360.8	1,236.0	842.4	9.17	6.36	7.94	20.07	6.37	59.91	56.3	85.0	56.5	56.8
Lucknow	1,951	1,090.7	913.6	1,021.0	959.7	719.4	6.15	9.97	10.12	7.94	5.48	47.17	47.1	47.3	66.7	63.5
Jubbulpore	1,462	1,032.8	1,128.9	823.2	922.7	601.5	8.89	6.59	5.41	12.88	5.39	59.64	50.2	34.8	42.3	37.0
Meerut	1,899	1,032.6	1,167.0	1,240.2	1,397.5	1,002.2	9.48	6.12	11.94	31.16	5.61	50.82	63.3	66.4	84.7	59.5

Of the stations in this list Colaba (Bombay), Rawalpindi and Meerut have appeared in the similar list of most unhealthy large stations year by year since 1917, Nowshera and Peshawar have appeared four times during the same period, Sialkot and Delhi 3 times and Karachi, Jubbulpore and Lucknow twice. As the same stations re-appear with great regularity Table A.-7 is interesting in showing for each of the 10 stations the admission, and death, ratios by groups of diseases and also the constantly sick ratio per mille of strength for all causes of sickness.

The outstanding feature of this table is the preponderating influence on the health of the troops which is exercised by malaria and to a less extent by sandfly fever. In fact, position on this list of unhealthy stations, as judged by the number of admissions to hospital, is determined almost solely by the prevalence of these two diseases.

TABLE A.7.

Admission and death ratios during 1921 by diseases for stations having over 1,000 strength.

(Ratios are per 1,000 of the average strength.)

Stations.	Strength.	Influenza.	Cholera.	Small-pox.	Enteric group of fevers.	Malaria.	Sandfly fever.	Pyrexia of uncertain origin.	Rheumatic fever.	Heat-stroke.	Circulatory diseases.	Pulmonary tuberculosis.	Lobar pneumonia.	Other respiratory diseases.	Dysentery.	Diarrhoea.	Hepatic abscess.	Hepatic congestion and inflammation.	Scabies.	Venereal diseases.	All causes.	Constantly sick.
(Bombay)	1,132	Admns. 0.9	...	...	2.7	972.6	1.8	...	0.9	5.3	24.7	...	8.8	15.6	4.4	42.4	0.9	2.7	13.3	221.7	1,861.3	89.82
		Deaths ...	...	...	0.83	7.07	...	...	...	1.77	0.88	...	0.83	...	...	...	...	...	...	...	15.90	...
hi	1,007	Admns. 13.0	...	...	...	539.2	133.1	...	7.0	6.0	37.7	...	8.9	31.8	6.0	55.6	1.0	1.0	11.9	150.9	1,406.2	61.58
		Deaths ...	...	...	...	1.99	...	...	...	...	1.99	...	2.18	...	...	...	...	...	...	...	7.94	...
era	1,111	Admns. ...	...	...	1.8	499.5	288.9	...	0.9	55.8	9.0	...	5.4	18.0	5.4	11.7	...	1.8	...	54.9	1,236.7	42.84
		Deaths ...	...	...	...	3.00	...	...	...	1.89	...	...	...	...	...	...	...	...	...	...	5.40	...
t	1,259	Admns. 12.7	...	...	11.1	367.4	267.7	...	1.6	27.8	12.7	4.0	8.7	45.3	7.1	20.7	3.2	4.1	...	103.3	1,204.1	49.23
		Deaths ...	...	...	...	...	...	...	...	2.33	0.79	...	...	0.79	...	...	0.79	...	...	...	7.94	...
	1,137	Admns. ...	1.8	1.8	3.5	533.9	87.1	...	9.7	22.0	8.8	0.9	8.8	42.2	6.9	25.5	...	5.3	1.8	112.6	1,183.8	42.42
		Deaths ...	0.88	...	1.76	3.52	...	...	...	0.88	0.88	0.88	0.88	0.88	...	...	...	...	...	...	13.19	...
war	1,478	Admns. 10.1	...	2.0	4.1	513.5	275.4	2.0	...	...	8.8	1.4	...	33.8	14.2	18.3	0.7	1.4	2.0	60.2	1,168.5	43.73
		Deaths ...	...	0.68	0.68	...	...	...	...	...	...	...	...	3.38	...	...	...	...	...	...	9.47	...
pindi	2,507	Admns. 16.4	1.6	1.2	9.6	589.9	126.4	0.8	6.0	4.4	10.0	1.2	4.4	12.4	11.6	13.2	0.8	1.2	16.8	102.9	1,167.5	59.9
		Deaths ...	1.20	0.40	0.80	2.30	...	...	...	1.20	0.40	...	0.80	0.40	...	...	...	...	...	...	9.17	...
ow	1,951	Admns. 1.5	0.5	...	0.5	264.5	234.2	0.5	2.0	4.6	7.2	1.0	1.0	19.0	20.0	23.1	0.5	2.6	3.1	68.7	1,090.7	47.17
		Deaths ...	0.51	...	...	...	...	...	...	3.08	...	...	...	...	0.51	...	...	...	...	...	6.15	...
upore	1,462	Admns. ...	...	4.8	4.1	335.8	21.2	...	...	24.6	8.2	3.4	...	23.3	8.2	19.2	1.4	2.1	1.4	91.0	1,032.8	50.64
		Deaths ...	...	0.68	0.68	0.68	...	...	...	0.68	...	...	...	1.37	0.68	...	...	...	...	...	8.89	...
t	1,899	Admns. 1.1	3.2	...	3.7	229.5	16.5	...	1.6	11.1	9.0	1.6	9.0	19.0	6.8	42.7	0.5	46.3	1.6	166.9	1,032.6	50.8
		Deaths ...	2.11	...	0.53	...	...	...	...	1.58	1.05	...	0.53	0.53	...	...	0.53	...	...	...	9.48	...

Colaba (Bombay) and Karachi are the ports of embarkation for troops including invalids and this affects their statistics adversely. Even with full allowance for this fact, however, sickness at both places was unduly high. Malaria was the chief cause and next in importance were venereal disease and diarrhoea, two very common sources of illness in seaport towns: in Karachi sandfly fever was also prevalent. In Bombay city the incidence of malaria is always high. During 1921 the disease was specially severe and, owing to the closeness of the barracks to the municipal area, the troops were involved in the epidemic. In Karachi the cause of the malaria was different. Owing to the configuration of the ground, and the nature of the soil, surface water tends to collect in the neighbourhood of cantonments after each heavy shower of rain during the monsoon and forms marshy areas in which mosquitos breed freely. Drainage of these areas is difficult but considerable progress was made during 1921 and further extensions will be undertaken as funds permit.

As regards the remaining 8 stations in the table, malaria was the chief cause of sickness in all and next to it came sandfly fever in Nowshera, Peshawar, Sialkot, Lucknow and Rawalpindi. The usual prophylactic measures against each of these diseases were pressed vigorously and also more radical anti-mosquito drainage operations were made in Jubbulpore. The year was, however, a favourable one for the spread of both diseases and the mortality from fever amongst the civil population of the same areas was abnormally heavy.

Heat-stroke (including heat exhaustion) was exceptionally prevalent in Nowshera, Sialkot, Lucknow, Jubbulpore and Delhi and was due to unusually high temperatures at these places combined with great atmospheric humidity. Malaria also, in all probability, took some part in the causation.

At Sialkot, Delhi and Peshawar "other respiratory diseases" were prominent causes of sickness. All these stations are in the north of India where a marked variation between the day and night temperatures is a common cause of lung complaints. A similar variation of temperature, combined with high ground water level, was the most probable cause, through chill, of the prevalence of diarrhoea and hepatic congestion in Meerut.

B.—Special Diseases.—

INFLUENZA.

6. (a) The incidence of this disease during 1921 was very low, there having been only 444 cases, with 2 deaths, throughout the army in India. The admission and death ratios per mille of strength were 7.6 and 0.03, respectively, as compared with 14.8 and 0.07 in the previous year.

(b) The distribution of the cases is shown by commands in Table B.-1.

TABLE B.-1.

Admissions and Deaths by Commands.

	Northern Command.	Western Command.	Eastern Command.	Southern Command.	Burma Dis- trict.	Waziristan Force.	India.
Total admissions ...	151	92	95	93	2	8	444
Ratio per 1,000 of strength.	9.3	16.4	3.4	5.1	1.1	6.4	7.
Total deaths ...	...	1	...	1	...	...	2
Ratio per 1,000 of strength.	...	0.18	...	0.05	...	...	0.03

The cases were usually coincident with small outbreaks amongst the civil population and were usually mild in type. Nothing in the nature of an epidemic occurred in any unit. The stations with the highest incidence were Allahabad with 75 cases, Deolali with 59, Quetta with 47 and Rawalpindi with 41.

CHOLERA.

7. (a) There were 38 admissions with 23 deaths from cholera during 1921, giving ratios of 0.6 and 0.39, respectively, compared with 0.03 and *nil* for 1920. The admission and death ratios for the quinquennial period 1910-14 were 0.3 and 0.14 and, for 1915-19, 0.6 and 0.27.

(b) The distribution of the cases and deaths is shown, by commands and stations, in Table B.-2.

TABLE B.-2.

Admissions and Deaths by Commands and Stations.

Command.	Station.	Admissions.	Deaths.	Case mortality.
Northern	Rawalpindi	4	3	} 50 per cent.
	Murree	6	...	
	Lahore	6	5	
Eastern	Cawnpore	7	5	} 63.2 per cent.
	Meerut	6	4	
	Bareilly	2	1	
	Delhi	2	1	
	Fyzabad	1	...	
	Lucknow	1	1	
Western
Southern
Burma District
Waziristan Force	Kotkai	1	1	} 100 per cent.
	Jandola	1	1	
	Ladha	1	1	
	38	23	60.5 per cent.

In Cawnpore a non-commissioned officer was admitted to hospital for, and died of, an illness which, at the time, was considered to be food poisoning. Immediately afterwards a nursing orderly and 5 patients in hospital were attacked with what was proved by bacteriological examination, to be true cholera. Strict precautions were taken in these later cases and the outbreak ceased. The non-commissioned officer was almost certainly a case of cholera and is thought to have got the infection from one of the *punkha* coolies employed at his bungalow.

In Waziristan, cholera was widely epidemic amongst the civil population from June to November. Springs in the river bed, along which the military road lies, soon become infected. It was impossible altogether to prevent this cool clear water from being used for drinking as naturally, it seemed preferable to the chlorinated water. Only 3 British soldiers were attacked but, unfortunately, all died. Two of them had used water from the river bed : in the case of the third the source of infection was not definitely traced but most probably it was the same.

In the other stations where cases of cholera occurred, the usual investigations failed to discover the origin of the infection but in all of them the disease was prevalent amongst the civil community and infection was probably conveyed by food or drink brought from unauthorised sources in the bazaar.

SMALL-POX.

S. (a) The actual number of admissions for, and deaths from, this disease amongst the British troops in India during the years 1918 to 1921 with the corresponding ratios per mille of strength are shown in Table B-3.

TABLE B-3.

Admissions and Deaths by years.

			1921.	1920.	1919.	1918.
Actual admissions	...	...	32	24	173	117
Ratio per mille ...	...	...	0.5	0.4	3.1	1.3
Actual deaths	...	...	7	4	19	18
Ratio per mille ...	...	...	0.12	0.07	0.34	0.20

(b) The distribution, by commands and stations, of the 32 cases and 7 deaths which occurred during 1921. with the case mortality per cent. by commands and for all India is shown in Table B-4.

TABLE B-4.

Admissions and Deaths by Commands and Stations.

Command.	Station.	Admissions.	Deaths.	Case mortality per cent.
Northern ...	Risalpur ...	1	...	18.2
	Peshawar ...	3	1	
	Rawalpindi ...	3	1	
	Multan ...	3	...	
	Ferozepore ...	1	...	
Eastern ...	Ranikhet ...	1	...	25.0
	Delhi ...	2	...	
	Muttra ...	1	1	
Western ...	Quetta ...	1	...	Nil.
	Hyderabad ...	1	...	
Southern ...	Mhow ...	3	...	26.7
	Jubbulpore ...	7	1	
	Kamptee ...	3	2	
	Bangalore ...	2	1	
Burma District
Waziristan Force
India	32	7	21.9

All the cases were sporadic and in none was the source of infection definitely traced. In Rawalpindi, Bangalore and Delhi, the disease was reported as simultaneously prevalent amongst the civil population.

(c) The vaccination state of all cases was noted and verified from records and the statement of the patients as far as possible. An analysis of the information so obtained is interesting though the numbers are small.

10 cases had never been vaccinated or been vaccinated unsuccessfully and of these 3 died—a case mortality of 30 per cent.

15 cases had been successfully vaccinated in infancy only and of these 3 died—a case mortality of 20 per cent.

5 cases had been successfully vaccinated as adults only and of these 1 died—a case mortality of 20 per cent.

2 cases had been vaccinated and successfully revaccinated and of these none died—a case mortality of *nil*.

In this connection it is to be remembered that by far the largest proportion of the strength falls under the last group, *i.e.*, those vaccinated and successfully revaccinated and amongst this majority only 2 out of the 32 cases occurred and none of the deaths.

ENTERIC GROUP OF FEVERS OR *ENTERICAS*.

9. (a) The admissions as well as the deaths due to this group of fevers show a very satisfactory fall during 1921. The actual total admissions were 202 and the deaths 20, giving ratios per mille of strength of 3.4 and 0.34, respectively, compared with 4.6 and 0.45 during the previous year.

Owing to a difference in nomenclature, comparison with the years prior to 1920, with the exception of 1918 and 1919, is not so simple but the actuals and ratios per mille of strength for the quinquennial periods 1910-14 and 1915-19 and for the years 1915 to 1921 separately are given in Table B.-5.

TABLE B.-5.

Total Admissions and Deaths Enteric Group of Fevers by years.

				ADMISSIONS.		DEATHS.	
				Actuals.	Ratio per 1,000.	Actuals.	Ratio per 1,000.
1910-14 (Average)	...	...	...	227	3.3	26	0.37
1915	...	...	...	167	3.7	16	0.36
1916	...	...	...	318	5.2	33	0.54
1917	...	...	...	276	3.4	33	0.41
1918	...	...	...	663	7.5	62	0.70
1919	...	...	...	257	4.5	25	0.44
1915-19 (Average)	...	...	...	336	5.1	34	0.51
1920	...	...	...	262	4.6	26	0.45
1921	...	...	...	202	3.4	20	0.34
1922*	...	...	...	176	2.9	21	0.55

* Provisional approximate figures taken from the monthly returns.

From this table it would appear that the incidence of the enteric group of fevers had fallen to the level of the pre-war quinquennium both as regards admissions and deaths : in actual fact it was very much lower. This is brought out by a study of Table B.-6 which gives the actual admission and deaths for the same periods as Table B.-5 but distributed amongst the different components of the group.

TABLE B.-6.

Admission and Deaths. Fevers of Enteric Group by years.

Average strength.	Typhoid fever.		Para-typhoid "A."		Para-typhoid "B."		Para-typhoid "C."		Enteric group.		Totals.	
	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
1910-14 (Average) 69,440	153	24	70	2	3	...	...	...	...	...	227	26
1915 ... 44,891	83	16	78	...	6	..	...	...	...	...	167	16
1916 ... 60,737	116	27	124	6	8	...	...	...	...	...	318	33
1917 ... 80,825	163	27	102	6	11	...	...	...	...	...	276	33
1918 ... 87,982	97	23	209	8	8	...	...	...	240	31	663	62
1919 ... 56,561	56	14	74	1	1	...	...	...	126	10	257	25
1915-19 (Average) 66,199	103	22	131	4	7	..	...	...	95	8	326	34
1920 ... 57,332	46	7	42	2	1	..	...	...	173	17	262	26
1921 ... 58,681	43	6	25	2	6	...	1	...	127	12	202	20

It will be noted that from 1910 to 1917 only those cases are included in which the diagnosis had been definitely established bacteriologically by isolation, either during life or after death, of the respective specific causative organisms. All other cases, in which enterica was suspected either on clinical grounds or from a rising Widal reaction, were recorded not in the enteric group of fevers but as pyrexia of uncertain origin. This procedure had been adopted to encourage a fuller bacteriological examination of all cases, but it soon became apparent that many true entericas were being lost amongst a mass of other undetermined fevers also recorded as pyrexia of uncertain origin. From the beginning of 1918, therefore, a new sub-division of the enteric fevers was introduced, the enteric group, and was reserved for cases of enterica diagnosed clinically from the history, course and symptoms of the disease, from agglutination tests or from post mortem findings. It is obvious that for a true comparison between 1921 and any of the years 1910 to 1917, the admissions and deaths under the enteric group must be disregarded in the 1921 records and only those be considered which have been recorded under typhoid fever, paratyphoid A, paratyphoid B, and paratyphoid C. This has been done in Table B.-7.

TABLE B.-7.

—	Strength.	ADMISSIONS.		DEATHS.	
		Actuals.	Ratio per 1,000.	Actuals.	Ratio per 1,000.
1910 ...	72,491	335	4.62	46	0.63
1911 ...	72,371	274	3.79	24	0.33
1912 ...	71,001	182	2.56	28	0.39
1913 ...	70,755	164	2.32	18	0.25
1914 ...	60,581	178	2.94	13	0.21
1915 ...	44,891	167	3.72	16	0.36
1916 ...	60,737	318	5.24	33	0.54
1917 ...	80,825	276	3.41	33	0.41
1918 ...	87,982	314	3.57	31	0.35
1919 ...	56,561	131	2.31	15	0.44
1920 ...	57,332	89	1.55	9	0.15
1921 ...	58,681	75	1.28	8	0.13

There has been a gradual decline both in the admission, and in the death, ratios per mille for the entericas from 1910 to 1921, with the exception of the war years in each of which there was a slight rise.

(b) The stations with the highest numbers of cases of enterica are given in order in Table B-8.

TABLE B-8.

Cases and Deaths by Stations.

Stations.			Cases.	Deaths.	Stations.			Cases.	Deaths.
Rawalpindi	...	...	24	2	Fyzabad	...	...	8	...
Sialkot	...	...	14	...	Ranikhet	...	...	8	...
Mhow	...	...	10	...	Meerut	...	...	7	1
Poona	...	...	9	...	Ladha	...	...	6	...
Secunderabad	...	...	9	1	Peshawar	...	...	6	1
Quetta	...	...	9	...	Jubbulpore	...	...	6	1

Rawalpindi.—The cases were mild and occurred sporadically throughout the year. B. typhosus was isolated in four of the cases and paratyphosus A. in 2. Ten units in all were affected but in none was the prevalence sufficiently marked to give a clue to the origin of the infection. No carrier was found either among the troops or the Indian personnel. Most probably the disease was caused by food bought in the bazaar.

Sialkot.—Of the 14 cases, 9 occurred during July, August and September and were traced to a vendor of coffee in the British cavalry bazaar who was found to be a carrier. The origin of the other 5 cases could not be traced.

In 8 out of the 14 cases B. typhosus was isolated.

Mhow.—All the cases were mild with the exception of one of typhoid fever in a rifleman who developed the disease shortly after arrival in the station with a new draft : he had not been inoculated before leaving England.

Two other cases were contracted away from the station and in the remainder the source of infection could not be found. B. typhosus was isolated in 2 cases and paratyphosus A. in 3. The latter cases were all from the same company of the K. R. R. Corps and lived in the same barrack-room.

Poona.—All the cases were mild and were isolated both as regards time and the units in which they occurred. In 5 the infection was due to B. paratyphosus A. but in none could its source be discovered.

Secunderabad.—B. paratyphosus A. was isolated in 2 of the cases and typhosus in one. The latter case was a very severe one and ended in death by perforation after 2 months illness. All the other cases were mild. In none of them was any light thrown on the source of infection nor were any carrier cases detected.

Reports from all the other stations where cases of the enteric group of fevers occurred show similar conditions to those just described, viz., one or more sporadic attacks in which there was nothing definite to point to the origin of the disease. In practically all the cause of sickness was attributed, and with a good deal of probability, to food obtained from the bazaar.

(c) The half-yearly census of the British army in India on 31st December 1921, shows that 83.7 per cent. of the officers and 94.8 per cent. of all other ranks were protected by inoculation against the enteric group of fevers. Every endeavour was made to get these figures as accurate as possible but the personal documents of the soldier are not yet maintained with the same exactitude and completeness as they were pre-war.

(d) Enquiries were made regarding the inoculation state of all soldiers attacked by enterica during the year. Reliable information could not be obtained in all the cases but, in so far as it was available, an analysis was made and the results are shown in Table B-9.

TABLE B-9.

Analysis as regards inoculation of 248 cases, including 29 deaths of Enterica.

(Abstracted from the Annual Reports of Medical Transactions.)

DISEASE.	Vaccine given.*	TIME IN MONTHS INTERVENING BETWEEN THE LAST INOCULATION AND THE ATTACK.									AGE PERIOD IN YEARS DURING WHICH THE DISEASE OCCURRED.								COMPLICATION	
		Under 1.	1-3.	4-6.	7-12.	13-18.	19-24.	25-36.	Over 36.	Total inoculated cases.	Under 15.	15-19.	20-24.	25-29.	30-34.	35-39.	39 and over.	Total cases.	Hæmorrhage.	Deaths.
Typhoid Fever ...	T. A. B.																			
	2	1	5	4	9	3	1	...	...	23	...	4	15	8	...	1	...	23	...	...
	T. A. B.	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	1	...	...
	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	T. A. B.	...	2	...	...	1	...	...	...	3	...	2	1	...	...	...	...	3	1	...
P	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Uninoculated	...	...	...	...	...	...	...	...	...	...	...	2	3	...	...	...	1	6	1	...
Total	...	1	7	4	10	4	1	...	...	27	...	8	20	3	...	1	1	33	2	...
Paratyphoid Fever "A."	T. A. B.																			
	2	...	2	4	9	2	3	...	1	21	...	3	12	4	1	1	...	21	...	...
	T. A. B.	...	1	1	2	...	...	...	...	4	...	...	2	1	...	1	...	4	...	...
	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	T. A. B.	...	...	2	...	...	...	...	...	2	...	1	1	...	...	...	...	2	...	...
P	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Uninoculated	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	...	...	3	7	11	2	3	...	1	27	...	4	15	5	1	2	...	27	...	...
Paratyphoid Fever "B."	T. A. B.																			
	2	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	1	...	...
	T. A. B.	...	...	1	...	...	...	...	...	1	...	...	1	...	...	...	...	1	...	...
	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	T. A. B.	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	1	1	...
P	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Uninoculated	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	...	...	1	1	...	...	...	...	1	3	...	1	1	1	...	...	...	3	1	...
Paratyphoid Fever "C."	T. A. B.																			
	1	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	1	...	...
Total	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	1	...	...
Enteric Group†	T. A. B.																			
	2	3	17	16	12	10	4	1	...	63	...	7	40	7	8	1	...	63	2	...
	T. A. B.	...	1	3	6	5	...	1	...	16	...	4	8	4	...	...	...	16	...	...
	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	T. A. B.	...	...	1	6	7	3	2	1	...	20	...	...	11	2	1	3	...	20	...
P	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Uninoculated	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	2	...	5	...	...
Total	...	4	21	28	21	13	7	2	...	99	...	11	64	14	9	6	...	104	2	...
Recovered Cases Grand Total.	.....	5	32	40	46	19	11	2	2	157	...	24	101	23	10	9	1	168	5	...

*T. A. B. = Two doses of T. A. B. Vaccine = $\frac{1}{2}$ c. c. and 1 c. c. respectively 1st and 2nd doses.

T. A. B. = One dose of T. A. B. Vaccine = 1 c. c.

T. A. B. = Inoculated with T. A. B. Vaccine, dosage not certainly known.

TABLE B.-9—contd.

Analysis as regards inoculation of 248 cases, including 29 deaths of Enterica.

(Abstracted from the Annual Reports of Medical Transactions.)

DISEASE.	Vaccine given.*	TIME IN MONTHS INTERVENING BETWEEN THE LAST INOCULATION AND THE ATTACK.									AGE PERIOD IN YEARS DURING WHICH THE DISEASE OCCURRED.								COMPLICATION.		
		Under 1.	1-3.	4-6.	7-12.	13-18.	19-24.	25-36.	Over 36.	Total inoculated cases.	Under 15.	15-19.	20-24.	25-29.	30-34.	35-39.	39 and over.	Total cases.	Hæmorrhage.	Perforation.	Thrombosis.
Fever	T. A. B.	1	...	1	2	...	...	1	...	5	...	3	2	...	...	...	...	5	...	...	...
	2	...	...	...	...	1	...	...	...	1	...	...	1	...	...	...	...	1	...	...	...
	T. A. B.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	T. A. B.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhoid Fever "A"	2	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	1	...	...	...
	T. A. B.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Uninoculated	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	1	...	1	2	1	...	1	...	6	...	3	3	...	...	...	...	6	...	...	...
Group†	T. A. B.	1	1	1	5	1	...	...	...	9	...	2	2	2	2	...	1	9	2	...	...
	2	...	...	1	2	...	...	...	...	3	...	...	2	...	1	...	...	3	1	...	...
	T. A. B.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Uninoculated	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Cases Grand Total.	Total	1	1	2	7	1	...	...	...	12	...	2	4	2	3	...	1	12	3	...	...
	.....	2	1	3	10	2	...	1	...	19	...	5	8	2	3	...	1	19	3	...	...
	.....	7	33	43	56	21	11	3	2	176	...	29	109	25	13	9	2	187	8	1	6
	.....	7	33	43	56	21	11	3	2	176	...	29	109	25	13	9	2	187	8	1	6
	.....	7	33	43	56	21	11	3	2	176	...	29	109	25	13	9	2	187	8	1	6

* Enteric group cases are those diagnosed on clinical grounds or by Widal reaction, and in which the specific organism has not been isolated.

For the reason given in the preceding sub-paragraph it would be unfair to strain the figures in this table very far but considered broadly the indications are slightly in favour of the protection afforded by inoculation.

(e) The two Enteric Convalescent Depots at Naini Tal and Wellington, for the north and south of India, respectively, were continued throughout the year. The former was opened in 1908 and the latter in 1909. Their chief work is the detection of carriers of infection and to them are sent for isolation all convalescents from any of the fevers of the enteric group, or from pyrexia of uncertain origin, until repeated bacteriological examination has definitely established that they will no longer be a danger to the healthy troops. The admissions to the two depots during the years 1914 to 1920 are shown in Table B.-10.

TABLE B-10.

Year.	ADMISSIONS TO ENTERIC CONVALESCENT DEPOT AT NAINI TAL.			ADMISSIONS TO ENTERIC CONVALESCENT DEPOT AT WELLINGTON.		
	From the Garrison in India.	From Overseas Garrisons	Total.	From the Garrison in India.	From Overseas Garrisons.	Total.
1917	339	14	353	163	926	1,089
1918	338	10	348	266	...	266
1919	243	...	243	126	...	126
1920	196	...	196	35	2	37
1921	192	...	192	27	4	31

The work of both depôts has been decreased in the later years but this was to be expected with the greatly reduced incidence of the enteric fevers. In bringing about this excellent result the work of the depôts themselves has been largely instrumental by the detection of carriers of infection.

(e) The type of disease admitted to the depôts and of the carriers detected year by year since 1914 is shown in Table B.-11.

TABLE B-11.

Year	Enteric Convalescent Depot.	Typhoid.	Cases admitted.						Total.	Carriers detected.								Total.	
			Para. "A."	Para. "B."	Para "C."	Enteric Group.	Other diagnosis chiefly Pyrexia of uncertain origin.	B Typhosus.		B. Para-typhosus "A."		B. Para-typhosus "B."		B. Para-typhosus "C."					
								Fæcul.		Urinary.	Fæcul.	Urinary.	Fæcul.	Urinary.	Fæcul.	Urinary.			
1914	...	Naini Tal	...	49	60	6	...	...	80	195	1	...	1	1	1	...	...	...	4
...	...	Wellington	...	53	14	2	...	...	23	92	...	3	1	...	1	...	...	...	6*
1915	...	Naini Tal	...	45	60	5	...	...	75	185	...	...	4	...	1	...	...	...	5
...	...	Wellington	...	77	33	1	...	...	13	124	1	...	3	...	...	...	...	...	4
1916	...	Naini Tal	..	34	96	4	...	...	278	412	1	1	28	4	4	1	...	...	39
...	...	Wellington	...	670	482	75	...	..	253	1,480	1	2	38	7	5	...	...	...	58
1917	...	Naini Tal	...	44	60	4	...	...	231	339	3	1	9	...	...	...	...	...	13
...	...	Wellington	...	415	483	90	...	...	121	1,039	13	4	34	2	1	...	...	...	53†
1918	...	Naini Tal	...	26	57	3	...	222	40	318	1	2	6	2	1	...	...	...	12‡
...	...	Wellington	...	52	151	3	...	50	10	266	10	2	20	2	...	...	...	...	36§
1919	...	Naini Tal	...	41	31	...	...	160	11	243	2	...	2	...	...	...	...	...	4
...	...	Wellington	...	26	66	...	...	34	...	126	3	2	6	4	...	...	...	...	19¶
1920	..	Naini Tal	...	24	20	...	...	138	14	196	3	1	2	..	...	...	...	...	6
...	...	Wellington	..	5	19	...	...	11	2	37	...	...	4	...	...	...	...	...	5
1921	...	Naini Tal	...	41	16	7	1	94	33	192	33	3	1	2	4	3	1	...	17||
...	...	Wellington	...	2	8	...	...	21	...	31	1	1	2	...	...	...	...	...	4
Total		...	1,604	1,636	200	1	730	1,184	5,355	43	22	161	24	18	4	1	...	283	

* Mixed infections have been included in the total.
† One faecal carrier of both B. typhosus and B. paratyphosus A. was recorded.
‡ One faecal carrier B. Paratyphosus A was also a urinary carrier B. typhosus.
§ Four carriers had B. typhosus A in both faeces and urine.
|| Two carriers had B. paratyphosus B in both faeces and urine and in one of them B typhosus had been isolated from the blood.
Percentage of carriers to cases (excluding the double infection).
B. Typhosus 1.9 per cent. (Fæcal 0.9, urinary 0.9).
B. Para. A. 20.79 per cent. (Fæcal 12.5, urinary 8.3).
B. Para. B. 71.4 per cent. (Fæcal 42.9, urinary 28.5).
B. Para. C 100.0 per cent. (Fæcal 100.0, urinary).

MALARIA.

10. (a) This disease, in its different forms, though varying greatly in intensity from year to year with climatic and other conditions which are not yet fully understood and which cannot be foreseen or guarded against, remains regularly the chief cause of sickness amongst the British troops in India. The year 1921 was a bad one, the ratio of admissions per mille of strength having been higher than in any other year since 1900. During the year, malaria was responsible for 31 per cent. of the total admissions from all causes and for 10 per cent. of the deaths. The intensity of the disease varied considerably in the different Commands from admission and death ratios of 1,018.3 and 2.39 respectively in Waziristan to 63.1 and nil in Burma (*vide* Table A-4) but corresponded closely with that amongst the civil population of the similar areas. The admissions by Divisions for the quinquennial periods 1910-14 and 1915-19 and for the years 1915 to 1920 inclusive and by the corresponding Districts for the year 1921 are given in Table B.-12.

TABLE B-12.

Admission for Malaria by Divisions, Quinquennial periods 1910-14, 1915-19 and the years 1915 to 1920 inclusive, and by districts for the year 1921 only :—

Divisions.	1910-14.	1915.	1916.	1917.	1918.	1919.	1915-19.	1920.	Districts.	1921.
1st (Peshawar) ...	300.2	309.2	459.4	430.3	255.9	290.1	347.9	178.6	Peshawar ...	428.8
Frontier Brigades ...	...	...	...	...	...	...	...	703.2	Kohat ...	886.1
2nd (Rawalpindi) ...	170.4	276.8	290.3	261.5	281.2	362.8	290.9	217.7	Rawalpindi ...	357.6
14th (Indian) ...	149.0	122.3	147.2	224.5	501.3	276.7	267.0	121.6	Lahore ...	277.9
4th (Quetta) ...	147.4	263.3	305.1	352.3	456.3	265.0	335.2	106.6	Waziristan Force ...	1,018.3
5th (Mhow) ...	164.8	68.2	148.4	208.6	183.1	172.0	161.0	203.4	Baluchistan ...	118.1
Poona ...	100.7	202.2	215.5	196.3	226.4	204.7	210.8	252.9	Sind-Rajputana ...	527.3
Meerut ...	93.2	114.1	97.4	136.4	120.2	231.5	136.4	198.5	Central Provinces ...	298.9
8th (Lucknow) ...	53.3	55.9	53.1	64.7	76.1	94.5	69.0	144.3	Poona ...	131.9
9th (Secunderabad) ...	45.9	37.7	67.9	234.9	332.8	162.2	222.1	45.7	Bombay ...	472.3
Burma ...	73.5	196.1	119.9	93.9	132.1	85.5	123.9	91.6	United Provinces ...	358.9
All India ...	117.2	134.5	186.0	227.9	269.2	217.8	219.5	176.6	Allahabad Brigade Area ...	500.0
									Presidency and Assam ...	172.2
									Madras ...	105.1
									Burma ...	63.1
									All India ...	321.7

The chief interest in this table is the marked variation in prevalence of the disease from year to year within the same area. During the short period 1915 to 1920, the admission rate varied in Divisions as follows :—

Division.	From	To
Peshawar ...	178.6	459.4
Rawalpindi ...	217.7	362.8
Lahore ...	121.6	501.3
Quetta ...	106.6	455.3
Mhow ...	68.2	208.6
Poona ...	197.3	252.9
Meerut ...	97.4	231.5
Lucknow ...	53.1	144.3
Secunderabad ...	37.4	332.8
Burma ...	85.5	196.1

These variations may be accounted for in part by the movement of troops from one area to another but the number of troops in each area is too large and the variation in intensity of the disease too universal for this explanation to be more than a minor one. The figures indicate rather that until the question of malaria prevention is taken up more systematically in the civil areas surrounding cantonments the most rigid prophylactic measures undertaken within cantonment limits can be little more than palliative.

(b) In table B-13 are shown in order the 5 stations, with an average annual strength of over 1,000, which had the highest admission ratios for malaria.

TABLE B-13.
Malaria by Stations.

Station.	Admission ratio for malaria per 1,000 strength.	Actual admissions for malaria.
Colaba (Bombay) ...	972.6	1,101
Rawalpindi ...	589.9	1,479
Karachi ...	539.2	543
Delhi ...	533.9	607
Peshawar ...	513.5	759

The causes of the high prevalence of malaria in Colaba and Karachi have already been referred to. Rawalpindi cantonment is surrounded by three permanent streams which are difficult to deal with and in which malaria carrying anopheles breed freely : there are also numerous large tanks.

In Delhi most of the infections are contracted in the Fort in the old dark buildings of which mosquitos swarm in countless numbers. These breed in the pools and ditches of the Bela, a low-lying swampy tract of land left by the river Jumna as it changed its course. The civil authorities have tried to drain this area but with little success. The only measure which is likely to give definite results will be the very expensive one of diverting the river back into its old channel under the walls of the Fort.

In Peshawar, responsibility rests with the system of irrigation in vogue. Most of the infections occur in the Fort which lies on the margin of the city and close to a large water-logged area which forms an ideal breeding place for mosquitos.

(c) During the year there were 18,878 admissions to hospital for malaria and an attempt was made to have these classified into new infections and relapses of old infections and according to the particular type of parasite to which they were due. The results are shown below.

<i>New Infections</i> 8,947 cases	...	...	47.39 per cent of total.
Benign tertian	...	...	5,474 cases ... 61.18 per cent.
Malignant „	...	...	1,033 „ ... 11.55 per cent.
Quartan	...	...	16 „ ... 0.18 per cent.
Mixed infections	...	...	.....
Diagnosed clinically	...	...	2,424 cases ... 27.09 per cent.
Total		...	8,947 „
<i>Relapses of old infections</i> 9,931 cases	...	...	52.61 per cent. of total.
Benign tertian	...	5,854 cases	... 58.95 per cent.
Malignant „	...	1,581 „	... 15.92 per cent.
Quartan	...	10 „	... 0.10 per cent.
Mixed infections	...	3 „	... 0.03 per cent.
Diagnosed clinically	...	2,481 „	... 24.98 per cent.
Malarial cachexial	...	2 „	.. 0.02 per cent.
Total		...	9,931 cases.

The mixed infections were combinations of benign and malignant tertian malaria.

A very satisfactory point in this table is the great use which it shows is being made of the facilities of laboratory diagnosis, no less than 74 per cent. of the cases having been definitely diagnosed microscopically.

SANDFLY FEVER.

11. (a) There were 4,387 admissions during the year giving a ratio of 74.8 per mille of strength as compared with 5,263 and 91.8, respectively, during 1920 ; in neither year were there any deaths.

(b) The distribution of the cases by Commands except 24 which occurred during transit, is shown in Table B-14.

TABLE B-14.
Sandfly Fever by Commands.

				Admissions.	Ratio %.
Northern Command	...	...	...	2,844	175·1
Western	„	...	...	177	31·5
Eastern	„	...	...	1,056	69·8
Southern	„	...	...	126	6·9
Burma District	...	...	...	...	...
Waziristan	...	...	...	160	127·5
Total				4,363	...

The disease is almost wholly confined to the northern parts of India and occurs at a time of the year when, owing to the heat, adequate protection from the bites of the sandfly at night by nets would be impracticable. As yet we know too little of the breeding grounds of the insect carrier to make their destruction feasible, and prophylaxis has, in practice, to be confined to the use of aromatic ointments on the face and hands at night.

(c) Of the geographical groups, No. VII (North-West Frontier and Indus Valley and North-West Rajputana) accounted for 1,755 cases. The following stations in this group had the highest incidence.

		Peshawar.	Landikotal.	Nowshera.	Multan.
Actual admissions	...	407	337	321	195
Ratio per 1,000	...	275·4	404·1	288·9	304·2

The geographical group next most affected was No. VI (Upper Sub-Himalayas) where 1,476 cases were recorded. The stations in this group which had the highest number of admissions were as follows :—

		Lahore.	Sialkot.	Rawalpindi.	Ferozepur.
Actual admissions	...	360	337	317	114
Ratio per 1,000	...	410·5	267·7	126·4	141·4

PYREXIA OF UNCERTAIN ORIGIN.

12. The diagnosis under this head which had shown a slight increase in 1920 dwindled almost to nothing during 1921, there having been only 37 admissions recorded, a ratio of only 0.6 per mille. This is very satisfactory as the group represents cases of fever in which no definite diagnosis could be made. There were no deaths.

DENGUE.

13. (a) The actual admissions for this disease, with the ratio per thousand of strength, are given below with comparative figures for 1919 and 1920. There were no deaths.

	1921.	1920.	1919.
Admissions	836	593	651
Ratio per 1,000	14.2	9.7	11.5

(b) No cases of this disease were recorded in either the Northern or Western Commands, the Eastern Command reported 563 the Southern Command 125, Burma District 144 and Waziristan 4. The stations chiefly affected were Calcutta with 265 cases, Dinapore with 242, Rangoon with 109, Madras with 66 and Bangalore with 43. In each of these places concurrent epidemics were reported amongst the civil population.

SCARLET FEVER.

14. (a) There were 38 admissions with no death compared with 43 admissions and 1 death in 1920, the corresponding ratios per thousand of strength being 0.6 and *nil* in 1921 and 0.8 and 0.02 in 1920.

(b) The stations at which the cases occurred are shown below :—

Stations.	Admissions.
Quetta	23
Jubbulpore	8
Kasauli	2
Kamptee	2
Rawalpindi	1
Murree	1
Bangalore	1
Total	38

The epidemic in Quetta originated in June in some cases, in one company of the 4th K.R.R.C., of what was at first considered septic sorethroat and which were treated in barracks. Immediately the true nature of the disease was recognised the whole company was segregated and the infection did not spread beyond it. All the cases were mild, throat symptoms being prominent. The ultimate origin of the infection could not be traced. It is interesting, however, that a similar outbreak occurred at Quetta in August of the previous year when most of the cases were in the same unit.

The cases at Jubbulpore were due to infection in a draft which had just arrived from England.

Of the two cases at Kasauli the first was a sergeant who had brought his child from Rurki for antirabic treatment and the second was an orderly who had attended him. The source of the infection in the case of the sergeant could not be ascertained.

The case at Rawalpindi was an R. A. M. C. orderly and was probably due to infection from a letter he had received from his brother in England who was convalescent from scarlet fever at the time.

In neither of the other cases could any light be thrown on the source of infection.

DIPHTHERIA.

15. There were 34 admissions for diphtheria with one death during 1921 compared with 101 admissions and 2 deaths in 1920 and 29 cases and no deaths in 1919.

Thirteen of the cases were isolated but Rawalpindi recorded 11, Bombay 4, and Madras and Quetta 3 each.

MEASLES.

16. There were 27 cases during the year compared with 21 in 1920 and 74 in 1919. There were no deaths. The cases were scattered in different parts of India.

CEREBRO-SPINAL FEVER.

17. No cases were reported during 1921.

HEAT-STROKE.

18. (a) The actual admissions and deaths for heat-stroke during 1921 with their ratios per 1,000 are shown in Table B-15 with comparative figures for the quinquennia 1910-14 and 1915-19 and the years 1918 to 1920.

TABLE B-15.

Admissions and Deaths for Heat-stroke by years.

				ADMISSIONS.		DEATHS.	
				Actuals.	Ratio per 1,000	Actuals.	Ratio per 1,000.
1910-14 (Average)	...	...	...	...	1.2	...	0.22
1915-19 (Average)	...	...	...	...	6.0	...	0.69
1918	...	...	...	911	10.4	97	1.10
1919	...	...	...	416	7.4	42	0.74
1920	...	...	...	352	6.1	75	1.31
1921	...	...	...	219	3.7	67	1.14
1922*	...	...	...	187	3.1	20	0.33

* Provisional approximate figures taken from the monthly Returns.

There is a very satisfactory decrease in the number of cases but the case mortality is high. This is probably due to a number of the lighter cases having been diagnosed as heat exhaustion.

(b) The distribution of the cases by Commands is shown in Table B-16.

TABLE B-16.

Admissions and Deaths from Heat-stroke by Commands.

		ADMISSIONS.		DEATHS.		Case mortality per cent.
		Actuals.	Ratio per 1,000	Actuals.	Ratio per 1,000	
Northern Command	...	100	6.2	28	1.7	28.0
Eastern	„	68	4.5	25	1.6	35.7
Western	„	3	0.5	2	0.3	66.6
Southern	„	42	2.3	12	0.6	28.6
Burma District	...	...	...	...	...	...
Waziristan Force	...	6	...	...	...	...
All India	...	219	3.7	67	1.14	30.6

The stations with the highest number of cases were in order Multan 40 cases and 2 deaths, Jhansi 19 cases and 2 deaths, Cawnpore 15 cases 5 deaths, Allahabad 12 cases 3 deaths, Lahore 11 cases 5 deaths and Lucknow 10 cases and 6 deaths. All these stations are liable to excessively high temperature during the hot weather and the same combined with great atmospheric humidity during the rains.

PULMONARY TUBERCULOSIS.

19. (a) There were 62 admissions from tubercle of the lungs with 8 deaths during 1921 compared with 81 admissions and 9 deaths during 1920. The comparative admission and death ratios per mille of strength for the quinquennial periods 1910-14 and 1915-19 and for the years 1919 to 1921 are given in Table B-17.

TABLE B-17.

Admissions and Deaths from Pulmonary Tuberculosis by years.

					Admission ratio per 1,000.	Deaths ratio per 1,000.
1910-14 (Average)	...	..	...		1.6	0.17
1915-19 (Average)	...	...	...		1.1	0.16
1919	...	...	...	...	1.5	0.18
1920	...	...	...	...	1.4	0.16
1921	...	...	...	...	1.1	0.14

The disease shows a very satisfactory decrease in spite of the unusual prevalence of malaria which is always a predisposing cause.

(b) The cases were scattered throughout India and in no particular station was there any marked prevalence. The North-West Frontier and the North and West of India, as usual, suffered most. This is shown in Table B-17A.

TABLE B-17A.
Pulmonary Tuberculosis by Commands.

				Admission ratios per 1,000 strength.	Death ratios per 1,000 strength.
Northern Command	...	...	...	1.2	0.06
Eastern	„	...	...	1.8	0.18
Western	„	...	...	0.9	0.26
Southern	„	...	...	0.8	0.11
Burma District	...	...	...	0.5	...
Waziristan Force	...	...	...	2.4	...

The low death rate is due to early invaliding.

LOBAR PNEUMONIA.

20. (a) The actual admissions and deaths from pneumonia with the corresponding ratios per 1,000 of strength with comparative figures for the quinquennial periods 1910-14 and 1915-19 and the years 1918 to 1921 inclusive are shown in Table B-18.

TABLE B-18.
Admissions and Deaths for Pneumonia by years.

				ADMISSIONS.		DEATHS.	
				Actuals.	Ratios per 1,000 of strength.	Actuals.	Ratios per 1,000 of strength.
1910-14 (Average)	...	...	...	...	2.4	...	0.26
1915-19 (Average)	...	...	...	...	3.3	...	0.56
1918	...	...	...	273	3.1	52	0.59
1919	...	...	...	289	5.1	52	0.92
1920	...	...	...	251	4.4	40	0.70
1921	...	...	...	236	4.0	31	0.53

(b) The distribution of the cases was similar to that of tubercle of the lungs and in no case was the disease present in epidemic form. The prevalence by Commands is shown in Table B-19.

TABLE B-19.

Lobar Pneumonia by Commands.

				Admission ratio per 1,000 of strength.	Death ratio per 1,000 of strength.
Northern Command	...	...	...	5.6	0.68
Eastern	„	...	...	4.3	0.33
Western	„	...	...	5.3	1.07
Southern	„	...	...	2.4	0.38
Burma District	...	...	...	0.5	...
Waziristan Force	...	...	...	4.0	1.59

The stations showing the highest number of cases were in order Meerut 17 cases and 1 death, Calcutta 14 cases and no death, Quetta 13 cases and 3 deaths, Rawalpindi 11 cases and 2 deaths, Sialkot 11 cases and no death, Lahore 10 cases and 2 deaths, and Bombay and Delhi with 10 cases and 1 death each.

OTHER RESPIRATORY DISEASES.

21. There were 1,451 admission under this group (including bronchitis 1,059, pleurisy 123, laryngitis 57 and broncho-pneumonia 99) and 27 deaths (bronchitis 1, pleurisy 2 and broncho-pneumonia 20) giving admission and death ratios of 24.7 and 0.46 per 1,000 of strength, respectively. The similar ratios for 1920 were 28.7 and 0.1, for 1919, 32.5 and 0.3, and for 1918, 27.4 and 0.2.

The admissions were lower than in either of the three previous years but the deaths were higher. This was most probably due to the unusual prevalence of malaria during the year.

DYSENTERY, COLITIS AND DIARRHŒA.

22. These three diseases are taken together as one group as many cases diagnosed as colitis or diarrhœa would have to be classed as dysentery were a complete and thorough laboratory examination always possible. They were accountable for 2,485 admissions and 9 deaths during the year as shown in Table B-20.

TABLE B-20.

Admission and deaths, with their corresponding ratios per 1,000 of strength, for dysentery, colitis and diarrhœa.

			Dysentery.	Colitis.	Diarrhœa.	Total for group.
Actual admissions	...	...	709	241	1,535	2,485
Ratio per 1,000 ..	...	...	12.1	4.1	26.2	42.4
Actual deaths	...	...	9	...	...	9
Ratio per 1,000 ...	...	...	0.15	...	...	0.15

Comparative admission and death ratios for the three diseases and for the group for the quinquennial periods 1910-14 and 1915-19 and the years 1915, to 1921 inclusive are given in Table B.-21.

TABLE B.-21.

Admission and death ratios per 1,000 of strength for dysentery, colitis and diarrhœa, by years.

Period.			Dysentery.		Colitis.		Diarrhœa.		Total for group.	
			A.	D.	A.	D.	A.	D.	A.	D.
1910-14	...	...	6.5	0.19	4.9	0.03	21.9	...	33.3	0.22
1915	...	...	5.6	0.29	12.5	2.04	26.5	...	44.5	0.33
1916	...	...	8.2	0.30	13.8	0.25	26.5	...	48.5	0.55
1917	...	...	11.1	0.26	13.3	0.06	25.7	...	50.1	0.32
1918	...	...	13.8	0.25	11.0	0.05	24.4	...	49.2	0.30
1919	...	...	14.2	0.28	10.2	...	31.1	...	55.5	0.28
1915-1919	...	...	11.1	0.27	12.1	0.08	26.5	...	49.7	0.35
1920	...	...	10.1	0.16	6.3	0.02	32.5	...	48.9	0.18
1921	...	...	12.1	0.15	4.1	...	26.2	...	42.4	0.15

The chief interest in this table lies in the fact that while in the pre-war quinquennium (1910-14) the relative recorded prevalence of dysentery, colitis and diarrhœa was as 6.5 to 4.9 to 21.9 this changed to 5.6 to 12.5 to 26.5 in 1915 and back to 10.1 to 6.3 to 32.5 in 1920 and further to 12.1 to 4.1 to 26.2 in 1921. These figures are not to be read as representing the actual relative prevalence of the three diseases in the years noted, but rather as illustrating the dislocation that took place in laboratory diagnosis with the beginning of the war and its subsequent re-establishment in 1920 and 1921. The change is of great importance not only from the point of view of the patient's diagnosis and treatment but much more so as regards the prevention of sickness. Colitis and diarrhœa are apt to be regarded as unlikely to cause much danger from infection whereas, with a more careful laboratory examination, the isolation of the causative agent, and a diagnosis of true dysentery, stricter precautions would be observed. This is a concrete example of one aspect of the dislocation of medical work referred to in paragraph 1 of this report.

The stations showing the highest incidence of dysentery, colitis and diarrhœa, during 1921 are given below.

Stations.					ADMISSIONS.	
					Actuals.	Ratio per 1,000.
<i>Dysentery.</i>						
Ranikhet	...	...	...	...	39	35.8
Barrackpore	...	...	...	...	15	35.4
Landi Kotal	...	...	...	...	24	28.8
Ferozepore	...	...	...	...	21	26.1
Poona	...	...	...	...	55	25.7

The stations showing the highest incidence of Dysentery, Colitis and Diarrhœa during 1921 are given below.—contd.

Stations.	ADMISSIONS.	
	Actuals.	Ratio per 1,000.
<i>Colitis.</i>		
Nowshera	17	15.3
Kamptee	11	14.2
Jubbulpore	15	10.3
Deolali	17	9.3
Secunderabad	20	7.6
<i>Diarrhœa.</i>		
Dinapore	104	159.0
Kamptee	48	62.0
Lahore	54	61.6
Karachi	56	55.6
Bareilly	36	51.4

Of the 709 cases of dysentery, 536 were diagnosed as protozoal in origin and 23 as bacillary : in the remaining 150 cases the causative agent was not isolated and the diagnosis was made on clinical grounds. Of the cases of amœbic dysentery 64 were reported from Secunderabad, 55 from Quetta, 52 from Poona, 32 from Ranikhet, 29 from Lucknow, 27 from Wellington and 24 from Landikotal.

VENEREAL DISEASES.

23. The admission ratios per 1,000 of strength for recent years were :—

1910-14 (average)	..	..	..	..	..	55.07
1915 .. ..	..	..	..	..	..	29.1
1916 .. ..	..	..	..	..	..	36.8
1917 .. ..	..	..	..	..	..	52.0
1918 .. ..	..	..	..	..	..	62.6
1919 .. ..	..	..	..	..	..	87.6
1920 .. ..	..	..	..	..	..	118.3
1921 .. ..	..	..	..	..	..	110.4
1922* .. ..	..	..	..	..	..	86.0

The figure for 1921, and the provisional figure for 1922, indicate a check in the steady rise of the prevalence of these diseases since 1916.

The decrease is mainly attributable to the following factors :—

- (1) The action taken by Commanding Officers for the education of the men under their command in regard to temperance, moral cleanliness, the causes of venereal disease its effects on efficiency and, its prevention, and as an adjunct to the primary and continued instruction

* Provisional approximate figures taken from the monthly Returns.

for which Commanding Officers are responsible, lectures on sexual hygiene, the physical dangers of venereal disease and the methods of its prevention were given by medical officers to all fresh arrivals in India and periodically to all troops, throughout the year. Lectures were also given by the Consulting Dermatologist with the object of improving the methods of technical instruction and of propagating amongst all ranks the principles of moral control.

(2) The greater experience of officers and non-commissioned officers in dealing with their men had led to improved discipline amongst the troops.

(3) The encouragement of sport and outdoor games has exercised a very beneficial influence.

(4) The establishment of Early Treatment Rooms during the year also had a beneficial effect, but only towards the latter part of the year when they became better equipped and organised. The provision of comfortable and well lighted barracks and recreation rooms, together with the installation of electric fans, will probably do more to keep men from temptation than anything else.

The monthly admission rates per 1,000 of strength in 1921 were :—

January	...	11.9	May	...	10.1	September	...	8.0
February	...	8.4	June	...	9.8	October	...	8.0
March	...	10.8	July	...	9.2	November	...	8.0
April	...	11.2	August	...	8.4	December	...	7.6

The ratio in December was the lowest since June 1919.

The lower admission ratio has been maintained during the present incomplete year (1922). The lowest ratio recorded for any one month since April 1919 was 5.9 in June 1922.

The monthly admission rates per 1,000 of strength in 1922 have been :—

January	...	8.6	April	...	8.2	July	...	6.4
February	...	7.8	May	...	6.4	August	...	6.3
March	...	8.3	June	...	5.9	September	...	6.2

Previous to the year 1921 it has been the custom to include all cases of venereal disease admitted to hospital under one heading irrespective of whether a case was a new infection and first admission, or a relapse of the disease for which a previous admission had already been recorded. This resulted in the actual total admissions and the ratios per 1,000 of strength being greater than the actual incidence of new infections contracted in any one year.

Thus the number by which the total admissions exceeded the actual number of new infections was proportionate to the extent to which relapses of disease necessitating readmission to hospital occurred in any one year and the true incidence of new venereal disease was unknown.

In order to ascertain the latter factor and at the same time the incidence of readmissions in relation to the various forms of venereal disease instructions were issued in 1920 directing that during the year 1921 every admission was to be recorded and shown in the sick returns as a " Fresh " or a " Relapse."

On the system of differentiation between fresh and relapse cases figures for the year 1921 are shown in the following table :—

Table showing the number of admissions for “ Fresh ” and “ Relapse ” cases of venereal diseases and the ratio per 1,000 of strength during 1921.

	FRESH.		RELAPSE.		TOTAL.	
	Admissions.	Ratio.	Admissions.	Ratio.	Admissions.	Ratio.
Syphilis	1,010	17·2	224	3·8	1,232	21·0
Soft chancre	1,210	20·6	63	1·1	1,273	21·7
Gonorrhœa	2,784	47·4	1,188	20·2	3,970	67·7
Total	5,002	85·2	1,473	25·1	6,475	110·4

It is possible that some of the cases of gonorrhœa returned as “ Relapse ” were in fact fresh infections ; as it was found, in certain instances, when gonorrhœa had previously occurred in the same individual it was difficult to determine whether the signs of the disease were due wholly to the old infection or to a new infection. Another factor which has not been taken into account in previous years in the record of total admissions of venereal disease occurring in British troops is the number of cases contracted before arrival in India. Such cases, if not recorded separately, tend in a lesser or greater degree to raise the incidence and the presumed extent of infections or immoral intercourse in India.

During 1921 the number of admissions for the various forms of venereal disease and for all forms in which venereal infection occurred previous to arrival in India were as follows :—

					Contracted out of India.
Syphilis ... ..	...	...	...	...	100
Soft chancre ... ..	...	...	...	...	12
Gonorrhœa ... ..	...	...	...	...	42
Total all forms					154

Analysis of the cases shown as “ Relapse Cases.”

Syphilis.

Total number of relapse cases admitted to hospital	224
Total number of individuals admitted under heading of “ relapse ”	203

		Number of individuals.		Number of relapse admissions.
Admitted once ... ..	...	185 × 1	=	185
Admitted twice ... ..	...	15 × 2	=	30
Admitted three times ... ..	...	3 × 3	=	9
Total ... ..	...	203		224

	Once.	Twice.	Three times.	Total.
A.—Individuals readmitted to hospital—				
(i) During course of treatment for any cause other than secondary signs ...	83	7	2	92
(ii) During course of treatment on development of secondary signs ...	30	6	1	37
(iii) After completion of course of treatment on development of secondary signs ...	32	2	...	34
B—Individuals admitted to hospital as relapse cases :—				
(i) With secondary signs of disease contracted before arrival in India ...	31	...	..	31
(ii) With secondary signs of disease contracted in India but not previously treated in hospital in India ...	9	...	...	9
Total ...	185	15	3	203

Gonorrhœa—

Total number of relapse cases admitted to hospital ... 1,188
Total number of individuals admitted under heading of “relapse” 1,052

		Number of individuals.		Number of relapse admissions..
Admitted once ...	...	931	× 1	= 931
Admitted twice ...	...	107	× 2	= 214
Admitted three times ...	...	13	× 3	= 39
Admitted four times ...	...	1	× 4	= 4
Total ...	...	1,052		1,188

Soft Sore—

Total number of relapse cases admitted to hospital ... 63
,, ,, individuals admitted under heading “relapse” 57

		Number of individuals.		Number of relapse admissions.
Admitted once ...	...	51	× 1	= 51
,, twice ...	...	6	× 2	= 12
Total ...	...	57		63

The total admissions for all forms of venereal diseases during 1921 was 6,475 as against 6,775 in 1920. The admission ratio for the various forms of

venereal diseases for the years 1915 to 1921 and the quinquennial periods 1910-14 and 1915-19 and table for all forms of venereal disease.

Years.				Syphilis.	Soft chancre.	Gonorrhœa.	Total.
1910-14	...	...	...	11.7	9.9	33.5	55.1
1915	...	...	...	4.0	5.2	19.9	29.1
1916	...	...	...	6.2	6.4	24.2	36.8
1917	...	...	...	7.9	14.2	29.9	52.1
1918	...	...	...	11.2	16.3	35.1	62.6
1919	...	...	...	18.1	20.6	48.9	87.6
1915-19	...	...	...	9.7	13.2	32.1	55.0
1920	...	...	...	23.0	26.0	68.4	118.2
1921	...	...	...	21.0	21.7	67.7	110.4

Admission ratio per 1,000 of strength by Commands.

Commands.				1920.	1921.
Northern Command	...	...	...	63.5	83.4
Western	„	...	...	140.6	102.6
Eastern	„	...	...	124.4	106.0
Southern	„	...	...	153.7	136.7

The distribution by districts is shown in the next table. It is interesting to note the effect that locality has, as it will be noticed that the Frontier districts have a comparatively low rate, whereas districts with seaport towns such as Bombay, Madras, Presidency and Assam, (Calcutta), Burma (Rangoon) and Sind-Rajputana (Karachi) have an exceedingly high rate.

Up to November 1920 the Divisional organisation was in existence when the new organisation by Districts was introduced.

Admission ratio per 1,000 by Districts.

Districts.				RATIO PER 1,000		Districts.				RATIO PER 1,000.	
				1920.	1921.					1920.	1921.
Peshawar	...	...	...	37.0	48.6	Poona	...	...	...	135.5	130.0
Kohat	...	...	...	23.3	80.7	Bombay	...	...	...	127.5	197.3
Rawalpindi	...	...	...	65.0	83.2	United Provinces	...	...	...	104.1	68.1
Lahore	...	...	...	90.0	116.0	Allahabad Brigade Area	...	...	...	152.7	131.8
Waziristan Force	...	...	...	47.5	35.1	Presidency and Assam	...	...	...	197.1	157.7
Baluchistan	...	...	...	138.5	91.6	Madras	...	...	...	217.4	197.5
Sind-Rajputana	...	...	...	143.4	116.7	Burma	...	...	...	261.9	203.8
Central Provinces	...	...	...	97.5	102.6						

The only increase was in the Kohat and Lahore districts of the Northern Command ; these two districts, however, differ considerably in strength—

				Average annual strength.	Admissions.	Ratio per 1,000.
Kohat	...	...	...	843	68	80·7
Lahore	...	...	...	4,940	573	116·0

The most marked decrease was in the Baluchistan, United Provinces, Presidency and Assam and Burma Districts.

Stations with average strength over 1,000, furnishing the highest admission rates for 1920 and 1921—

Stations.				1920.				Stations.				1921.			
				Average annual strength.	Admission ratio per 1,000.					Average annual strength.	Admission ratio per 1,000.				
Bombay (Colaba)	...	...	...	1,514	268·2	Bombay (Colaba)	...	...	...	1,132	221·7				
Bangalore	...	...	...	1,371	226·1	Bangalore	...	...	...	1,879	188·4				
Karachi	...	...	...	1,011	208·7	Deolali	...	...	...	1,828	182·2				
Deolali	...	...	...	1,458	185·2	Karachi	...	...	...	1,007	150·9				
Poona	...	...	...	1,803	161·4	Poona	...	...	...	2,138	134·7				
Delhi	...	...	...	1,014	146·9	Secunderabad	...	...	...	2,649	134·4				

Admission ratio per 1,000 of strength by arms of the service.

						1920.	1921.
Cavalry	...	...	...	...	...	54·9	75·2
Artillery	...	...	...	...	...	121·8	103·1
Infantry	...	...	...	...	...	129·5	125·1

Invalids and deaths. Invaliding has been reduced by modern and more prolonged treatment.

One case of syphilis and three cases of gonorrhœa were invalided to the United Kingdom.

There was one death from gonorrhœa at Bangalore. This was a case of gonococcal septicæmia, the actual cause of death being endo-carditis.

Years.			INVALIDS SENT TO THE UNITED KINGDOM.						DEATHS.	
			SYPHILIS.		SOFT CHANCER.		GONORRHOEA.			
			Actuals.	Ratio per 100.	Actual's.	Ratio per 1,000.	Actuals.	Ratio per 1,000.	Actuals.	Ratio per 1,000.
1918	...	...	8	0·09	1	0·01	3	0·03	3	0·03
1919	...	...	5	0·09	1	0·02	16	0·29	1	0·02
1920	...	...	7	0·12	3	0·05	1	0·02	4	0·07
1921	...	...	1	0·02	...	...	3	0·05	1	0·02

A chart is attached (Appendix A.) showing the annual admission ratios per mille, from 1861 onwards, with a précis of various enactments or orders dealing with the control of venereal diseases amongst the British troops serving in India.

Specialists. The specialist appointments are one consulting dermatologist and ten specialists in dermatology. The former is attached to Army Headquarters at Simla and the latter are posted to the following districts, Rawalpindi, Lahore, Baluchistan (Quetta) Sind-Rajputana (Karachi) United Provinces (Meerut), Presidency and Assam (Barrackpore), Central Provinces (Mhow), Madras (Bangalore) and Burma (Rangoon).

Each specialist is supplied with a special equipment for treatment and laboratory work.

The central dermatological laboratory is established at Poona in charge of a specially selected officer, where all Wassermann Reactions for both the British and Indian armies are carried out. The following examinations were made during 1921 :—

Wasserman Tests.	British troops	...	...	...	8,552
	Indian troops	...	...	...	9,830
	Controls	...	...	...	672
				Total	19,354
Examination for <i>Speronema Pallida</i>	...	...	...	...	228
Examination for Gonococci	...	...	...	...	1,716
Miscellaneous examinations	...	...	...	...	82
				Total	21,390

In addition to the above 1,136 c. cs. of vaccines were made.

In addition to the routine laboratory work; classes of instructions are held for all officers joining the Indian Medical Service, Junior R. A. M. C. officers joining the Southern Command, and for Military and Civil Assistant Surgeons. Classes for Lady Practitioners have also been held, and were well attended.

BERI-BERI.

24. There were 2 admissions with one death from this disease compared with 1 admission in 1920, 6 in 1919 and 11 in 1918.

The fatal case occurred at Dera Ismail Khan and the other case at Ahmedabad.

POISONING.

25. There were 110 cases of poisoning during the year of which 11 were fatal. The nature of the poison in each case and the results are shown in Table B-22.

TABLE B.-22.
Admissions and deaths due to poison.

					Admissions.	Deaths.
Arsenic	...	...	...	...	1	1
Hydrochloric acid	...	...	...	...	1	...
Nitric acid	...	...	...	...	1	...
Alcohol	...	...	...	...	34	5
Chloroform	...	...	...	...	1	1
Morphia	...	...	...	...	1	2
Scorpion sting	...	...	...	...	1	...
Insects	...	...	...	...	8	...
Vaccines and sera	...	...	...	...	33	...
Food	...	...	...	...	28	...
Carbon monoxide	...	...	...	...	1	2
				Total	110	11

INVALIDING.

26. The number of men invalided during the year was 749 as compared with 2,314 in 1920 and 4,324 in 1919 the corresponding ratios per mille of strength being 12.76, 40.36 and 76.45. The numbers though still high are much less than in any previous year since 1914. The chief causes are shown in Table C-1 which also gives the similar statistics year by year since 1914.

TABLE C-1.
Invaliding by causes and years.

Disease.	ACTUAL NUMBERS INVALIDED.							
	1914	1915	1916	1917	1918	1919	1920	1921
Syphilis	7	6	5	10	8	5	7	1
Malaria	5	9	20	62	147	580	62	35
V. D. H. and D. A. H.	55	181	257	206	283	690	314	103
Pulmonary tuberculosis	27	48	86	94	126	83	69	41
Dysentery	3	3	2	25	49	281	21	18
Insanity	34	4	42	103	136	123	83	63
Local injuries	25	36	78	59	86	156	222	65
Rheumatic fever, gout and osteoarthritis	5	39	52	44	59	60	33	11
Enterica ... ..	...	...	5	11	8	25	11	3
Diseases of the nervous system other than epilepsy and mental.	14	52	71	91	139	201	113	40
Diseases of the ear	60	80	68	79	115	222	350	74
Diseases of the circulatory system other than V. D. H., D. A. H. and varix.	9	11	32	27	66	57	17	9
Diseases of the respiratory system	4	12	54	75	123	221	102	25
Epilepsy	30	31	41	41	55	44	61	24
Diseases of the liver	13	8	13	12	18	62	15	16
Diseases of the eye	10	87	90	70	71	114	467	76
Hernia	1	30	21	6	12	43	12	1
Gonorrhœa	12	3	...	3	3	16	1	3
Varix ... ..	...	21	45	4	8	19	9	6
Caries of the teeth	1	17	28	3	6	10	12	...
Diseases of the digestive system other than hepatitis, abscess of the liver, hernia and caries of the teeth.	7	40	28	62	133	324	48	19
ALL CAUSES	364	889	1,343	1,337	2,007	4,324	2,314	749
Ratios per 1,000 of strength	6.01	19.80	22.11	16.54	22.81	76.45	40.36	12.76

The decrease in the number of invalids is very satisfactory.

The high ratio for the year 1919 was due to the disposal by invaliding on the termination of the war of many men of Garrison Battalions suffering from various old or chronic disabilities of a more or less mild type. With the drain which had been made on the resources of the nation during the war, and the very natural war-weariness and shyness of enlisting into the army afterwards, it was not to be expected that the same high standard of physical fitness reached prior to 1914 would be immediately attained. The inevitable result was an increase in the number of invalids.

In the table the chief reductions have been under diseases of the eye and of the ear but practically every cause has participated and the whole indication is that the difficulty in recruiting is passing and that a return to the conditions which existed pre-war may be expected shortly.

BRITISH OFFICERS, WOMEN AND CHILDREN.

27. (a) The main statistics regarding the health of the officers with British Units are given in Table D-1.

TABLE D-1.
Health statistics Officers of British Units by years.

				1919	1920	1921
Average strength	...	...	...	3,452	3,136	3,122
Actual admissions	...	...	...	3,656	2,568	2,303
Ratio per 1,000	...	...	...	1,058·8	817·6	737·7
Actual deaths	...	...	...	38	24	25
Ratio per 1,000	...	...	...	11·0	7·65	8·01

(b) The chief causes of sickness amongst officers are shown in Table D-2.

TABLE D-2.
Admissions ratios for officers by chief diseases.

Malaria ...	... 149·6	Cellulitis	... 25·3	Gastritis	... 16·3
Sandfly fever	... 67·7	Jaundice ...	... 25·0	Boils ...	... 15·4
Diarrhoea	... 40·0	Bronchitis	... 21·5	Dengue ...	... 12·8
Tonsillitis	... 31·1	Dysentery	... 17·6	Influenza	... 12·2

(c) The health statistics of officers and of other ranks for the quinquennial periods 1910-14 and 1915-19 and for the years 1915 to 1921 inclusive are compared in Table D-3.

TABLE D-3.
Health statistics officers and other ranks by years.
(Ratios are per 1,000 of strength.)

PERIOD.		ADMISSIONS.		INVALIDS SENT HOME.		DEATHS.	
		Officers.	Other ranks.	Officers.	Other ranks.	Officers.	Other ranks.
1910-14	...	567·5	567·2	16·30	7·03	5·14	4·36
1915	...	684·2	823·1	20·19	19·80	7·31	5·95
1916	...	921·4	772·0	36·08	22·11	7·30	6·54
1917	...	965·5	771·7	26·89	16·54	7·03	4·83
1918	...	1,344·6	1,030·2	48·85	22·81	15·47	16·19
1919	...	1,058·8	972·1	151·17	76·40	11·00	7·74
1915-19	...	1,053·0	881·7	60·98	29·91	10·54	8·81
1920	...	817·6	1,071·5	25·51	40·36	7·65	6·72
1921	...	737·7	1,031·3	17·62	12·76	8·01	6·95

(d) The comparative incidence of the enteric group of fevers amongst officers, women, children and other ranks during the year 1921 is shown in Table D-4.

TABLE D-4.

Incidence of the Enteric group of Fevers 1921.

	OFFICERS.		WOMEN.		CHILDREN.		OTHER RANKS.	
	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Admis- sions.	Deaths.
Actuals	20	3	52	9	29	...	202	20
Ratio per 1,000	6.4	0.96	9.1	1.57	4.3	...	3.4	0.34

(e) The different causes of deaths and invaliding amongst officers with the actual number of casualties due to each during 1921 are shown in Table D-5.

TABLE D-5.

Deaths and Invaliding amongst officers by causes.

Disease.		Number In- valided.	Number Died.	Disease.		Number In- valided.	Number Died.
Cholera ... ..	...	...	1	Empyema ... ..	...	1	...
Dysentery ... ..	...	8	...	Ulceration of stomach ...	...	1	...
Enterica ... ..	...	1	3	Indigestion ... ..	...	1	...
Malaria ... ..	...	5	2	Enteritis ... ..	...	1	...
Septicæmia ... ..	...	...	1	Appendicitis ... ..	...	3	2
Small-pox ... ..	...	1	...	Hepatitis ... ..	...	1	...
Neuritis ... ..	...	1	...	Abscess of liver ... ..	...	1	1
Paralysis bulbar ... ..	...	...	1	Orchitis ... ..	...	1	...
Neurasthenia ... ..	...	7	...	Atrophy of muscles ... ..	...	1	...
N. Y. D. Mental ... ..	...	1	...	Dermatitis ... ..	...	1	...
Keratitis ... ..	...	1	...	Calculus in kidney ... ..	...	1	...
V. D. H. ... ..	...	1	...	Heat-stroke ... ..	...	...	1
Dilatation of Heart ... ..	...	1	...	Drowning ... ..	...	...	2
D. A. H. ... ..	...	2	...	Wounds ... ..	...	3	4
Aneurysm of arteries ... ..	...	...	1	Contusion ... ..	...	1	...
Leucocythæmia ... ..	...	1	...	Concussion ... ..	...	1	...
Asthma ... ..	...	1	...	Fractures ... ..	...	2	3
Lobar pneumonia ... ..	...	1	1	Carcinoma ... ..	...	...	1
Lobular pneumonia ... ..	...	2	...	Alcoholism ... ..	...	...	1
Pulmonary tuberculosis ... ..	...	1	...				
				Total ... ..	...	55	25

(f) The main health statistics for women during 1921 are given in Table D-6 with the corresponding figures for 1919 and 1920.

TABLE D-6.
Main Health Statistics for women by years.

	1919.	1920.	1921.
Average strength	1,450	3,749	5,737
Actual admissions	803	2,077	2,515
Ratio per 1,000	553.8	554.0	438.4
Actual deaths	15	44	46
Ratio per 1,000	10.34	11.74	8.02

(g) In Table D-7 are shown the chief causes of sickness amongst women with the actual number of admissions to hospital due to each cause.

TABLE D-7.
Chief causes of sickness amongst women with admissions due to each cause during 1921.

Disease.	Actual admissions.	Disease.	Actual admissions.
Malaria	315	Indigestion	62
Anæmia	162	Bronchitis	59
Abortion	139	Sandfly fever	59
Diarrhœa	94	Dysentery	52
Constipation	80	Enterica	52
Gastritis	75	Dengue	43
Tonsillitis	74	Cellulitis	35

(h) The admission and death ratios per 1,000 for all causes amongst the women for the quinquennial periods 1910-14 and 1915-19 and for the years 1915 to 1921 inclusive are shown in Table D-8.

TABLE D-8.
Admission and death ratios for all causes amongst women by years.
(Ratios are per 1,000 of strength.)

	Admissions.	Deaths.
1910-14 (Average)	504.3	7.09
1915	466.9	6.73
1916	421.5	5.79
1917	456.6	8.20
1918	603.0	24.98
1919	553.8	10.34
1915-19 (Average)	499.0	11.31
1920	554.0	11.74
1921	438.4	8.02

(i) The main health statistics for the children during 1921 are given in Table D-9 with comparative figures for the two previous years.

TABLE D-9.
Main health statistics for children by years.

	1919.	1920.	1921.
Average strength	2,407	4,532	6,809
Actual admissions	774	1,767	2,290
Ratio per 1,000	321·6	389·9	336·3
Actual deaths	42	168	201
Ratio per 1,000	17·45	37·07	29·52

(j) In Table D-10 are shown the chief causes of sickness amongst the children during 1921 with the admission and death ratios due to each ; the corresponding figures for 1919 and 1920 are also tabulated for comparison.

TABLE D-10.
Main causes of sickness and deaths amongst children by years.
(Ratios are per 1,000 of strength.)

Year.	Measles.		Bronchitis.		Malaria.		Diarrhoea.		Gastritis.		Enteritis.	
	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
1919 ...	22·4	0·42	24·5	0·83	32·4	0·42	19·5	...	0·4	...	12·5	2·08
1920 ...	20·7	0·22	26·8	1·32	43·2	0·66	36·6	4·19	12·8	0·44	18·1	7·50
1921 ...	12·8	...	27·8	0·59	50·1	0·88	21·3	3·52	5·0	0·29	22·8	7·78

(k) The total mortality amongst children by age periods for the quinquennial periods 1910-14 and 1915-19, and for the years 1915 to 1921 inclusive, is shown in Table D-11.

TABLE D-11.
Total mortality (ratios per 1,000) amongst children by age periods.

	Under 6 months.	Between 6 and 12 months.	From 1 to 5 years.
1910-14 (Average)	127·9	55·3	14·6
1915	98·8	52·1	5 2
1916	117·6	32·6	15·4
1917	74·8	10·0	7·3
1918	76·3	30·1	11·4
1919	45·3	25·6	18·0
1915-19 (Average)	82·3	31·9	11·4
1920	158·1	63·7	15·3
1921	143·3	49·8	15·6

(l) The different causes of death and invaliding amongst children, with the actual number of casualties due to each, in 1921 are shown in Table D-12.

TABLE D-12.

Deaths and Invaliding amongst children by causes.

Disease.	Number invalid- ed.	Number died.	Disease.	Number invalid- ed.	Number died.
Diphtheria	2	Disorders of dentition ... ..	...	2
Dysentery	7	Gastritis ... ..	...	2
Kala-azar	1	Enteritis	1	53
Malaria	1	6	Colitis ... ..	...	5
Rabies	1	Intussusception ... ..	...	1
Septicæmia	2	Diarrhoea ... ..	...	24
Small-pox	2	Intestinal stasis ... ..	...	1
Whooping cough	1	Jaundice ... ..	...	1
Pyæmia	1	Peritonitis acute ... ..	...	1
Meningitis spinal	3	„ tuberculosis ... ..	...	1
„ cerebral	4	Inanition ... ..	...	8
Convulsions of infancy	18	Rickets ... ..	...	2
Endocarditis	2	Asphyxia of child ... ..	...	3
D. A. H.	1	Premature birth ... ..	...	8
Purpura	1	Arthritis ... ..	...	1
Lymphatism	1	Heat-stroke ... ..	...	4
Bronchitis	4	Suffocation by overlying ... ..	...	1
Lobar pneumonia	6	Burns and scalds ... ..	...	2
Lobular „	14	Fracture ... ..	...	1
Foreign body in bronchi	1	Malformation ... ..	...	1
Pulmonary tuberculosis	1	1	Nephritis	1	...
			Retroversion	1	...
			Total	5	201

SECTION II.

INDIAN TROOPS OF THE ARMY IN INDIA.

(From the Director, Medical Services in India.)

A.—General.

28. The following Table A-1 gives the average strength of Indian troops exclusive of those on field service and in stations outside India, and the main statistical facts regarding their health during 1921, with comparative figures for the quinquennial periods 1910-14 and 1915-19 and for the years 1915 to 1921 inclusive :—

TABLE A-1.
Main health statistics by years.

Period.	Average Strength.	Admissions.	Deaths.	Invalids.	Average constantly sick.	Ratio per 1,000 of strength.				Average period of illness of each soldier calculated on average strength.	Average duration of each case of sickness.
						Admissions.	Deaths.	Invalids.	Average constantly sick.		
1910-14 (Average)	130,261	71,213	573	699	2,662	544.6	4.39	5.4	20.7	7.31	13.50
1915	119,985	89,315	1,026	5,415	4,065	744.4	8.55	45.1	33.9	12.37	16.61
1916	139,076	105,333	1,248	3,745	5,250	757.4	8.97	26.9	37.7	14.73	18.19
1917	191,242	141,787	2,201	3,421	6,556	741.4	11.51	17.9	34.3	12.51	16.88
1918	341,458	292,393	9,959	6,539	13,897	856.3	29.17	19.2	40.7	14.86	17.35
1919	229,731	176,313	2,742	4,999	9,191	767.5	11.94	21.8	40.0	14.60	19.03
1915-19 (Average)	204,298	161,028	3,435	4,824	7,792	788.2	16.81	23.6	38.1	13.92	17.66
1920	216,445	164,987	2,124	4,564	9,265	762.3	9.81	21.1	2.8	15.62	20.50
1921*	175,384	110,215	1,782	3,638	6,131	679.7	10.16	20.7	34.4	12.55	18.47

* The figures for stations outside India have been excluded.

Influences similar to those already referred to in Section I as affecting the health of the British troops have been at work in the case of the Indian troops also during the period covered by the figures in Table A-1. The recovery in health of the latter troops has, however, been somewhat more marked and the ratios per mille of strength for admissions to hospital and constantly sick show a very definite improvement during 1921 while the invaliding ratio, the average period of illness of each soldier and the average duration of each case of sickness are each lower than during the previous years.

29. The ratios per mille of admissions for, and deaths from, the principal diseases for the quinquennial periods 1910-14 and 1915-19 and the years 1915 to 1921 inclusive are given in Tables A-2 and A-3 below.

TABLE A-2.
Admission ratios for the chief diseases by years.

Period.	Ratio are per 1,000 of average strength.																		
	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and inflammation.	Scurvy.	Anæmia.	Veneral Diseases.
1910-14 (Average)	2.4	0.3	0.4	2.0	113.3	8.2	34.9	0.3	1.8	2.1	7.7	27.1	18.4	11.7	0.1	1.0	0.8	11.3	14.8
1915	2.2	0.7	0.3	2.2	145.5	13.9	22.3	0.2	4.6	2.8	12.9	42.2	22.6	18.2	0.1	1.2	2.0	20.8	31.3
1916	3.0	0.4	0.4	2.4	200.7	6.8	12.4	0.6	4.1	2.8	16.9	36.8	26.0	13.7	0.0	1.1	2.5	19.6	40.1
1917	1.8	0.7	0.3	1.0	184.6	8.2	7.5	0.6	3.3	2.9	21.8	44.4	13.8	13.7	0.1	1.0	0.7	15.7	45.9
1918	136.8	0.2	1.0	0.8	129.7	12.7	3.0	0.4	2.7	2.5	19.6	58.1	12.7	22.6	0.1	0.9	0.7	14.6	53.1
1919	34.7	0.6	1.7	0.4	145.6	13.4	2.3	0.1	4.3	4.0	12.4	56.8	10.5	20.6	0.1	1.0	0.6	19.6	65.1
1915-19 (Average)	54.5	0.5	0.8	1.2	155.4	11.3	7.2	0.4	3.6	3.0	17.3	50.5	15.4	18.8	0.1	1.0	1.1	17.3	49.9
1920	25.3	0.1	0.7	0.6	206.5	21.5	1.4	0.1	5.1	4.3	11.7	53.6	6.1	14.9	0.1	1.0	0.5	11.4	60.5
1921	14.4	0.9	0.4	0.7	223.7	24.1	1.2	0.1	4.0	3.8	10.6	42.6	13.7	20.5	0.1	0.6	0.9	6.8	42.7

N.B.—The order in which the diseases appear in the text and tables of this report conform as far as possible with the order in which they appear in the prescribed Tables I to XIII which are appended.

TABLE A-3.

Death ratios from the chief diseases by years.

Period.	Ratios are per 1,000 of average strength.																			
	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Pyrexia of Uncertain Origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	
1910-14 (Average)	...	0.18	0.01	0.38	0.28	0.13	0.15	0.17	0.22	1.05	0.22	0.10	0.03	0.03	0.01	0.01	0.03	0.04	4.40	
1915	0.01	0.38	...	0.51	1.08	0.22	0.07	0.28	0.32	2.62	0.33	0.20	0.23	0.04	0.03	0.04	0.11	0.03	8.55	
1916	...	0.24	0.06	0.47	0.70	0.13	0.27	0.25	0.42	3.35	0.51	0.25	0.07	0.03	0.02	0.04	0.09	0.05	8.97	
1917	...	0.29	0.03	0.25	0.90	0.07	0.30	0.24	0.36	5.00	0.91	0.20	0.03	...	0.01	0.01	0.08	0.04	11.51	
1918	15.23	0.13	0.13	0.28	1.00	0.06	0.18	0.28	0.63	6.02	1.83	0.20	0.04	0.02	0.02	0.02	0.02	0.04	29.17	
1919	...	0.34	0.16	0.06	0.54	...	0.09	0.24	1.08	2.32	1.31	0.18	0.01	0.02	0.03	0.01	0.04	0.06	11.94	
1915-19 (Average).	5.68	0.25	0.09	0.28	0.84	0.08	0.18	0.26	0.67	4.33	1.20	0.23	0.06	0.02	0.02	0.02	0.06	0.05	16.81	
1920	1.43	0.02	0.06	0.14	0.46	0.02	0.08	0.20	1.08	2.49	1.54	0.12	0.01	0.04	0.02	0.01	0.05	0.05	9.81	
1921	0.99	0.46	0.03	0.14	0.60	...	0.05	0.19	0.83	2.46	1.32	0.30	0.01	0.02	...	0.02	0.11	0.03	10.16	

Of the 20 groups of diseases 11 showed a lower admission rate, and 10 a lower death rate, during 1921 than in the previous year.

As in the case of the British troops malaria was the chief cause of sickness and accounted for practically one-third of the total admissions to hospital during the year. Next in importance were other respiratory and venereal diseases.

The chief causes of mortality were lobar pneumonia and other respiratory diseases.

The changes in Commands and Districts in 1921 have already been explained in paragraphs A-3 and A-4 of Section I of this report dealing with the statistics of British troops.

30. In Table A-4 the distribution of disease amongst the Indian troops is shown by Commands and Independent Districts, the admission and death ratios being given separately by diseases for each area.

The table is an interesting one and shows the great variation in the incidence of sickness and mortality which occurs with difference in locality and climate.

TABLE A-4.

Admission and death ratios for the chief diseases during 1921 by Commands and Independent Districts.

		Ratios are per 1,000 of strength.																		
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Di-eases.	Pulmonary Tubercu-losis.	Lobar Pneumonia.	Other Respiratory Dis-	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.
Northern Command	{ Admn.	9.3	.9	.4	1.0	250.9	49.6	.3	0.1	3.3	4.3	12.1	45.1	18.9	24.8	0.1	.5	.3	4.0	24.7
	{ Deaths	.75	.32	.03	.21	.51	...	...	.02	.15	.90	2.76	1.48	.17	...	.05	...	.02	0.06	.05
Western Command	{ Admn.	36.5	...	0.2	.3	183.8	7.4	.1	...	5.8	2.8	12.7	40.2	6.8	20.2	0.1	.7	1.7	6.3	39.6
	{ Deaths.	3.57	...	.04	.04	.35	.04	...	...	.44	.97	3.70	1.81	.57	...	0.04	...	...	...	0.04
Eastern Command	{ Admn.	12.5	1.0	.3	.5	188.1	7.2	.9	...	3.1	4.1	10.3	43.1	13.8	13.8	.1	.7	.1	4.4	57.0
	{ Deaths	.41	.51	...	.16	.54	...	...	...	.16	.66	1.83	1.07	.41	...	...	...	...	.09	.06
Southern Command	{ Admn.	19.4	.1	.4	.7	154.4	1.4	.03	.2	4.2	3.3	6.5	38.4	4.8	16.6	.2	1.0	.1	4.0	63.8
	{ Deaths	.99	.03	.03	.10	.30	...	...	.20	.26	.59	1.25	.43	.20	.03	...	...	...	.03	...
Burma Independent Dis- trict.	{ Admn.	3.0	...	.2	.4	21.8	...	...	.6	4.9	2.8	5.9	74.9	4.2	14.0	...	.4	.2	10.4	161.1
	{ Deaths	...	...	...	...	.38	...	...	...	.19	.76	.38	.57	.19	...	...	...	...	...	.3
Waziristan Force	{ Admn.	.5	3.4	.2	.5	363.1	26.7	.2	.1	5.0	4.0	10.9	33.9	21.4	24.6	.2	.6	5.3	26.3	18.1
	{ Deaths	...	2.43	.06	.06	1.98	.06	...	.06	...	1.07	3.61	2.37	.45	.06	...	...	.06	.56	...

31. In Table T.-5 are shown the total admission, and death, ratios per 1,000 for all causes by Divisions and Districts for the quinquennial periods 1910—14 and 1915—19 and for the years 1920 and 1921.

TABLE A.-5.
Admission and death ratios for all causes by Divisions and Years.
(Ratios are per 1,000 of average strength).

Divisions.	1910—14 (AVERAGE).		1915—19 (AVERAGE).		1920.		Districts.	1921.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		Admissions.	Deaths.
1st (Peshawar) ...	747.3	5.09	872.8	17.13	651.4	9.26	Peshawar District ...	693.0	8.67
2nd (Rawalpindi) ...	613.8	4.73	708.7	15.72	665.6	13.40	Rawalpindi „ ...	717.9	10.81
16th (Indian) ...	524.0	4.47	732.7	14.54	649.5	7.79	Lahore „ ...	479.9	8.76
Frontier Brigade	925.1	5.92	1,153.1	19.96	1,271.9	9.75	Kohat ...	839.0	14.03
Meerut ...	479.2	5.68	671.0	11.79	711.4	8.45	United Provinces District Allahabad Brigade Area ... Presidency and Assam Distt.	568.4	7.31
8th (Lucknow) ...	586.4	3.86	619.8	11.16	617.3	8.69		1,006.1	7.75
4th (Quetta) ...	542.2	4.65	763.3	17.57	823.1	15.63		718.5	8.09
5th (Mhow) ...	462.6	3.96	700.9	12.60	663.5	8.68	Baluchistan District ...	692.7	16.49
Poona ...	534.8	5.41	914.6	12.29	844.7	9.45	Sind-Rajputana District ...	602.1	8.94
... ad)	446.3	4.01	714.5	8.53	717.3	7.73	Central Provinces District	737.7	6.71
Burma ...	658.4	3.99	773.0	12.53	872.9	10.51	Poona District ...	519.8	5.79
.....							Bombay „ ...	1,039.4	11.92
							Madras „ ...	569.8	5.62
							Burma Independent District	791.1	3.98
							Waziristan Force ...	793.9	18.51

The areas of the four Districts of the Northern Command (Peshawar, Rawalpindi, Lahore and Kohat) and of the Burma District correspond closely with those of the former Divisions and the statistics are comparable.

In the other Commands the position is less simple. The United Provinces and Presidency and Assam Districts with the Allahabad Brigade Area of the Eastern Command have been formed from the Meerut and Lucknow Divisions, the Baluchistan and Sind-Rajputana Districts of the Western Command from the Quetta Division with part of the Mhow Division added and the Central Provinces, Poona, Bombay and Madras Districts of the Southern Command from the remainder of the Mhow Division and the Poona and Secunderabad Divisions. The statistics of these areas in 1921 are therefore not quite comparable with those of previous years.

32. In Table A.-6 are given in order the 15 stations with a strength of over 1,000, which had the highest admission ratios per mille during 1921 : the ratios for deaths and constantly sick are also shown.

TABLE A.-6.
Stations with strength of over 1,000 in order of their admission ratios for 1921, with deaths and Constantly sick ratios.
(Ratios are per 1,000 of strength).

Stations.	Average strength, 1921.	ADMISSIONS.	DEATHS.	AVERAGE CONSTANTLY SICK.
		1921.	1921.	
Bombay ...	1,276	1,221.0	14.10	59.15
Khirgi ...	1,871	1,214.3	24.05	23.16
Maymyo ...	1,928	1,099.2	8.1	65.05

TABLE A.-6.

Stations.	Average strength, 1921.	ADMISSIONS.	DEATHS.	AVERAGE CONSTANTLY SICK.
		1921.	1921.	1921.
Tank	1,489	1,088·0	22·16	49·11
Piazza Raghza	1,080	1,070·4	7·41	16·42
Ali Masjid	1,849	1,608·1	14·60	19·96
Loralai	1,483	981·1	29·67	47·17
Jubbulpore	2,038	924·6	7·57	47·26
Rawalpindi	4,188	917·9	15·76	50·74
Peshawar	4,267	910·7	11·48	40·09
Kohat	4,352	906·5	8·73	43·86
Jandola	1,297	899·0	31·61	21·46
Jhansi	2,001	881·6	6·00	43·98
Fort Sandeman	1,583	826·4	18·95	37·55
Bannu	2,485	817·3	20·52	38·62

B.—Special Diseases.

INFLUENZA.

33. (a) The incidence of this disease fell during 1921, there having been 2,534 admissions to hospital with 174 deaths (ratios of 14·4 and 0·99 per 1,000) compared with 5,473 admissions and 310 deaths (ratios of 25·3 and 1·43 per 1,000) during 1920.

(b) The distribution of the disease by Commands is shown in Table B.-1.

TABLE B.-1.

Admissions and Deaths by Commands.

1921.	Northern Command.	Western Command.	Eastern Command.	Southern Command.	Barma District.	Waziristan Force.	India.
Total Admissions ...	618	829	39	587	16	8	2,534
Ratio per 1,000 ...	9·3	36·5	12·5	19·4	3·0	0·5	14·4
Total deaths ...	50	81	13	30	...	...	174
Ratio per 1,000 ...	0·75	3·57	0·41	0·99	...	...	0·99

The cases occurred as small localized outbreaks throughout the year and usually coincided with similar outbreaks amongst the civil population. The type of case varied considerably not only in different, but also in the same outbreaks and all varieties were reported from the simple catarrhal to the pneumonic type. Inoculation was resorted to in most stations but the results were not sufficiently definite to warrant an opinion as to its effect.

CHOLERA.

34. Admissions, deaths, and their ratios per 1,000 of strength with comparative figures for 1919 and 1920.

TABLE B.-2.

—			1921.	1920.	1919.
Actual admissions	...	...	154	15	134
Ratio per 1,000	...	...	0·9	0·1	0·6
Actual deaths	...	...	81	5	77
Ratio per 1,000	...	...	0·46	0·02	0·34

Concurrently with the severe and widespread incidence of this disease amongst the civil population the ratios per 1,000 for admissions or deaths amongst Indian troops shewed a marked increase compared with those for 1920.

Practically $\frac{2}{3}$ of the cases occurred in the Waziristan Force Area (61 cases) and Jamrud (30 cases). The former of these outbreaks was traced to the drinking of water from an unauthorised source, while the latter was ascribed to milk purchased by the men from neighbouring villages where cholera was occurring sporadically. In this connection it is of interest to note that out of 21 samples of milk taken in the Sadar Bazar Rawalpindi during that hot weather, no less than 3 were found to be infected with cholera vibrios.

SMALL-POX.

35. Admissions, deaths and their ratios, with comparative figures for 1920, 1919 and 1918 :—

TABLE B.-3.

—			1921.	1920.	1919.	1918.
Actual admissions	...	...	65	144	392	329
Ratio per 1,000	...	...	·4	0·7	1·7	1·0
Actual deaths	...	...	5	14	36	46
Ratio per 1,000	...	...	·03	0·06	0·16	0·13

Incidence by Commands.

			NORTHERN COMMAND.		SOUTHERN COMMAND.		EASTERN COMMAND.		WESTERN COMMAND.	
—			1920.	1921.	1920.	1921.	1920.	1921.	1920.	1921.
Admissions	...	...	66	25	78	13	...	8	...	5
Deaths	...	...	4	2	10	1	...	...	...	1

The stations chiefly affected were :—

Jubbulpore	...	...	7	Rawalpindi, Lahore, Bangalore and	3 each.
Meerut	...	...	4	Jullundur.	
Amritsar	...	...	4	Quetta, Tank, Karachi, Multan	2 each.
				Bannu and Peshawar.	

The incidence of this disease shews a satisfactory decrease compared with preceding years. Nothing in the nature of an epidemic occurred in any station.

ENTERIC GROUP OF FEVERS.

36. Admissions during the year were 119 with 24 deaths giving ratios of 0.7 and 0.14, respectively. Admissions and deaths for the quinquennial periods 1910—14 and 1915—1919 and for the years 1915 to 1921, separately :—

TABLE B.-4.

Periods.				ADMISSIONS.		DEATHS.	
				Actuals.	Ratio per 1,000.	Actuals.	Ratio per 1,000.
1910—14 (Average)	...	...	...	257	*2.0	49	*0.38
1915	...	...	...	258	2.2	61	0.51
1916	...	...	...	339	2.4	66	0.47
1917	...	...	...	200	1.0	48	0.25
1918	...	...	...	282	0.8	96	0.28
1919	...	...	...	101	0.4	14	0.06
1915—19 (Average)	...	...	...	236	*1.2	57	*0.28
1920	...	...	...	129	0.6	31	0.14
1921	...	...	...	119	0.7	24	0.14

*Worked out on quinquennial aggregates.

Actual admissions and deaths against each component of Enteric Group of Fevers during the same periods :—

TABLE B.-5.

Period.				Typhoid fever.		Paratyphoid "A."		Paratyphoid "B."		Enteric Group.		Total.	
				A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
1910—14 (Average)	...	...	...	255	40	2	...	...	...	...	...	257	49
1915	...	...	...	257	61	1	...	...	...	...	...	258	61
1916	...	...	...	298	66	39	...	2	...	...	...	339	66
1917	...	...	...	172	43	22	5	6	...	...	...	200	48
1918	...	...	...	255	94	21	2	6	...	...	...	282	96
1919	...	...	...	46	9	18	1	4	...	33	4	101	14
1915—19 (Average)...	...	...	...	203	55	20	2	4	...	7	1	236	57
1920	...	...	...	17	3	8	...	...	...	104	28	129	31
1921	...	...	...	23	6	9	1	5	...	82	17	119	24

The highest number of cases occurred during 1921 at the following stations :—

Stations.	Cases.	Deaths.	Stations.	Cases.	Deaths.
Fort Jamrud	10	0	Meerut	3	...
Rawalpindi	7	2	Bannu	3	...
Mardan	6	1	Dardoni	3	...
Amritsar	6	1	Jubbulpore	3	...
Sialkote	5	...	Dehra Dun	2	2
Tank	4	1	Ferozepore	2	1
Jhansi	4	1	Bakloh	2	1
Mhow	4	...	Secunderabad	2	1
Landi Kotal	3	2	Agra	2	1

All the cases were sporadic and in no instance was a definite source of the infection discovered.

The state of inoculation of the Indian Army in India, as shown by the half-yearly census taken on December 31st, 1920, was as follows :—

TABLE B.-6.

—	Officers.	Other ranks.
Total number of troops present at census	3,136	156,722
Number not protected	532	21,436
Number protected	2,604	135,286
Percentage of troops protected	83 %	86·3%

Malaria.

37.

TABLE B.-7.

—	1920.	1921.
Actual admissions	44,709	39,237
Ratio per 1,000, strength	206·5	223·7
Ratio per cent. admissions	27·1	32·9
Actual deaths	100	105
Ratio per 1,000, strength	0·46	0·60
Ratio per cent. deaths	4·7	5·9

This year malaria shewed a further increase, the ratio per 1,000 of admissions rising from 206·5 in 1920 to 223·7 in 1921. This was due in part to the continued occupation of the Waziristan Area and the return to India of units

infected there. Many units also returned from other malarious fronts, *e.g.*, Palestine and Mesopotamia. Thus there was a continued influx of potential relapse cases and carriers into most of the stations in India. Again although the fever death rate amongst the civil population was not high there was an increased prevalence of this disease especially in the north of the Punjab and the North-West Frontier Province. This particularly affected Indian troops many of whom take their leave during the malaria season and return infected to their units.

Malaria admission ratios in order of incidence, and actual admissions during 1921 at stations with an annual average strength of over 1,000.

TABLE B.-8.

Stations.	ADMISSION.	
	Ratio.	Actuals.
Piazza Raghza	687.0	742
Tank	611.1	910
Khirgi	585.2	1,095
Kohat	514.9	2,241
Loralai	503.0	746
Peshawar	478.3	2,041
Bombay	476.5	608
Ali Masjid	427.8	791
Jhansi	409.8	820
Jandola	402.5	522
Rawalpindi	399.0	1,671
Bannu	394.4	980
Sora Rogha	354.4	985
Abbottabad	338.2	1,080
Fort Sandeman	329.8	522
Kotkai	327.6	611
Lahore	311.6	737

Admissions per 1,000 in the different Commands and Waziristan Force.

TABLE B.-9.

Waziristan Force	363.1
Northern Command	259.9
Western Command	183.8
Eastern Command	188.1
Southern Command	154.4

The figures in these two tables rather emphasize the adverse influence that service in Waziristan must have on the malarial state of a unit

Table shewing the proportion between fresh and relapse cases and the incidence of the different types of malaria :—

Fresh Cases.—16,239 = 41·39 per cent.

Benign tertian	...	...	5,780	=	35·59	per cent.
Malignant tertian	...	...	1,857	=	11·44	„ „
Quartan	...	...	29	=	0·18	„ „
Mixed infections	...	...	...	...	...	...
Diagnosed clinically	...	...	8,573	=	52·79	„ „
Total	...	...	16,239			

Relapses.—22,998 = 58·61 per cent.

Benign tertian	...	...	6,540	=	28·44	per cent.
Malignant tertian	...	...	2,803	=	12·19	„ „
Quartan	...	...	22	=	0·10	„ „
Mixed infections	...	...	...	...	...	...
Diagnosed clinically	...	...	13,633	=	59·28	„ „
Total	...	...	22,998			

The following table gives the rainfall in inches in certain districts in 1921, 1920 and 1919, with the mean for all India.

District.	ANNUAL.		RAINFALL.	
	Actual, 1921.	Actual, 1920.	Actual, 1919.	Normal.
Burma	81·70	75·56	80·43	79·82
Bengal	76·34	76·38	74·24	74·75
United Provinces	43·56	30·58	40·23	38·20
North-West Frontier Province	14·96	10·76	18·41	16·86
Rajputana	17·38	17·97	26·13	20·31
Central India	33·83	26·69	51·61	34·33
Hyderabad	28·68	17·65	32·19	32·55
Madras	50·35	56·03	56·28	49·57
Assam	111·13	97·48	86·77	99·20
Bihar and Orissa	51·19	51·10	58·34	51·32
Punjab	16·88	13·51	21·18	19·71
Sind	7·23	2·12	7·15	6·73
Bombay	46·29	33·72	47·48	45·48
Central Provinces	41·88	30·39	58·68	44·57
Mysore	36·27	28·83	39·12	36·16
Mean of India	47·17	40·17	49·19	46·79

SANDFLY FEVER.

38. There were 4,222 admissions with 2 deaths. The ratio per 1,000 was 24.1. This is a disease of Northern India as will be seen from the following table :—

TABLE B.-10.

—				Actual admissions, 1921.	Ratio per 1,000, 1921.
Northern Command	...	...	...	3,294	49.6
Western Command	...	...	...	168	7.4
Eastern Command	...	...	...	228	7.2
Southern Command	..	...	...	42	1.4
Burma District	...	...	...	...	...
Waziristan	...	...	...	473	26.7

Of the geographical groups, No. VII, North-West Frontier Indus Valley and North-West Rajputana accounted for 2,931 cases. The following stations in this group had the highest number of admissions :—

—				Landi Kotal.	Peshawar.	Dardoni.	Nowshera.	Ali Masjid.
Actual admissions	...	...	...	813	352	334	230	228
Ratio per 1,000	...	...	...	228.0	82.5	126.1	57.4	125.3

PYREXIA OF UNCERTAIN ORIGIN.

39. There were 212 admissions with no deaths reported under this head giving ratio per 1,000, 1.2, compared with 1.4 in 1920.

DENGUE.

40. Actual admissions and ratio per 1,000 admissions, with the comparative figures for 1920, and the comparative figures for Commands in 1920 and 1921.

—				1921.	1920.
Actual admissions	...	...	...	302	153
Ratio per 1,000	...	...	...	1.7	0.7

TABLE B.-11.

		Northern Command.		Western Command.		Eastern Command.		Southern Command.	
		1920.	1921.	1920.	1921.	1920.	1921.	1920.	1921.
Actual admissions	...	1.8	...	...	...	...	130	135	14
Ratio per 1,000	...	0.1	...	...	...	...	4.1	0.3	0.5

There were no deaths during the year.

The stations showing the highest number of admissions were Rangoon 151 and Alipore 114.

SCARLET FEVER.

41. There were no admission under this heading during the year.

DIPHTHERIA.

42. There were 4 admissions with 4 deaths during the year.

Cases occurred at the following stations :—

Quetta 2 with 2 deaths, Ali Masjid 1 admission, Dehra Dun 1 admission and Peshawar 2 deaths.

MEASLES.

43. There were 267 cases with 3 deaths in 1921 compared with 681 cases with 8 deaths in 1920. The majority of cases occurred at :—

Stations.		Admissions.	Deaths.	Stations.		Admissions.	Deaths.
Lansdowne	...	46	...	Mardan	...	14	...
Quetta	...	29	...	Tank	...	13	2
Abbottabad	...	25	..	Dardoni	...	13	...
Bakloh	...	19	...	Amritsar	...	13	0
				Dehra Dun	..	13	0

CEREBRO-SPINAL FEVER.

44. There were 6 admissions with 4 deaths during the year. They occurred at :—

Stations.		Admissions.	Deaths.
Rawalpindi	...	2	1
Muttra	...	1	1
Dera Ismail Khan	...	1	1
Peshawar	...	1	0
Darasamand	...	1	0
Kohat	...	0	1

MUMPS.

45. Table showing comparative figures for 1921 and 1920.

—		1921.	1920.
Actual admissions	...	1,356	1,376
Ratio per 1,000	...	7.7	6.4

Quetta 130, Abbottabad 112, Sora Rogha 91, Ali Masjid 71, Kohat 51.

MEDITERRANEAN FEVER.

46. There were 8 admissions with 1 death. The stations affected were :—
Nowshera, Bannu, Quetta and Ambala.

PLAGUE.

47. *Comparative figures for 1921 and 1920.*

				1921.	1920.
Actual admissions	...	...	...	15	29
Ratio per 1,000	...	...	..	0.1	0.1
Actual deaths	...	...	..	8	17
Ratio per 1,000	...	...	...	0.05	0.08

TABLE B.-12.

Comparative ratios for Commands for 1921 and 1920.

	Northern Command.		Western Command.		Eastern Command.		Southern Command.	
	1920.	1921.	1920.	1921.	1920.	1921.	1920.	1921.
Admission ratio per 1,000 ...	0.1	0.1	...	...	...	...	0.2	0.2
Death ratio per 1,000 ...	0.07	0.02	...	...	...	...	0.09	0.20

The following stations reported cases :—

Stations.	Admissions.	Deaths.	Stations.	Admissions.	Deaths.
Rawalpindi ...	4	1	Rangoon ...	3	0
Bangalore ...	3	3	Secunderabad ...	1	1
Jubbulpore ...	3	2	Kalabagh and Mari Indus...	1	1

The cases were all sporadic and contracted outside the lines which in no instance became infected.

RELAPSING FEVER.

48. *Comparative figures for 1921 and 1920.*

				1921.	1920.
Actual admissions ...	...	...	...	115	211
Ratio per 1,000 ...	...	...	...	0.7	1.0
Actual deaths ...	...	...	..	3	11
Ratio per 1,000 ...	...	...	...	0.02	0.05

The following stations furnished the highest number of cases :—

Bangalore 9 ; Ambala 6 ; Takdah, Jubbulpore, Belgaum and Deolali 5 each ; Lahore, Ferozepore, Amritsar, Chitral, Karachi, Deesa, Meerut, Jhansi and Ahmednagar 4 each.

The cases were all sporadic.

KALA-AZAR.

49. There were 3 cases and no death during the year. The cases occurred at Dharamsala, Barrackpore and Bangalore 1 each.

ORIENTAL SORE.

50. There were 188 admissions during the year.

Stations giving the highest number of admissions were :—

Dera Ismail Khan 25, Khirgi 18, Manzai and Tank 15 each, Ladha 11, Kotkai 10, Poona 9, Kohat, Karachi, Deesa, Sora Rogha and Agra 5 each.

51. PULMONARY TUBERCULOSIS.

TABLE B.-13.

Admissions, deaths, and their ratios per 1,000 for the years 1917 to 1921, inclusive.

			1921.	1920.	1919.	1918.	1917.
Actual admissions	...	..	364	936	919	865	557
Ratio per 1,000	...	...	3·8	4·3	4·0	2·5	2·9
Actual deaths	...	...	145	233	249	215	120
Ratio per 1,000	...	.	0·83	1·08	1·08	0·63	0·63

Admission and death ratios for different areas.

TABLE B.-14.

	Northern Command.		Western Command.		Eastern Command.		Southern Command.		Burma District.		Waziristan Force.	
	1920.	1921.	1920.	1921.	1920.	1921.	1920.	1921.	1920.	1921.	1920.	1921.
Admission ratio per 1,000.	4·5	4·3	...	2·8	...	4·1	3·9	3·3	1·9	2·8	...	4·0
Death ratio per 1,000.	1·13	0·90	...	0·97	...	0·66	0·99	0·59	0·38	0·76	...	1·07

Stations with a strength of over 1,000 showing the highest admission ratios.

Stations 1921.			Admission ratio per 1,000.	Stations.			Admission ratio per 1,000.
Lansdowne	...	...	17·1	Multan	...	...	6·3
Peshawar	..	...	9·4	Jullundur	...	...	6·3
Tank	...	...	8·1	Abbottabad	...	...	5·6
Bombay	...	...	7·0	Agra	...	...	5·6
Dera Ismail Khan	...	...	6·6	Manzai	...	...	5·4
Amritsar	...	...	6·5	Bareilly	...	...	5·3
Rawalpindi	.	...	6·4	Bannu	...	...	5·2
				Mardan	...	...	5·1
				Campbellpore	...	...	5·0

Comparative table showing admission and death ratios among Gurkhas and the Army of India, respectively.

Pulmonary Tuberculosis, ratio per 1,000.

TABLE B.-15.

Year.				Army of India.		Gurkhas.		Excluding Gurkhas.	
				A.	D.	A.	D.	A.	D.
1917	...	...	...	2.9	0.63	6.7	2.28	2.3	0.37
1918	...	...	...	2.5	0.63	5.4	1.90	2.3	0.52
1919	...	...	...	4.0	1.08	5.6	2.73	3.9	0.94
1920	.	...		4.3	1.08	6.0	2.68	4.1	0.89
1921	...	...	...	3.8	0.83	5.9	2.02	3.6	0.71

LOBAR PNEUMONIA.

52. Admissions, deaths, and their ratios for the quinquennial period 1910—14 and 1915—19 and for the years 1921, 1920, 1919 and 1918 :—

TABLE B.-16.

				1921.	1920.	1919.	1918.*	1910-14.	1915-19.
Actual admissions	...	...		1,859	2,542	2,938	6,678	995	3,536
Ratio per 1,000	...	...		10.6	11.7	12.8	19.6	7.7	17.3
Actual deaths	...	...		431	539	661	2,054	136	890
Ratio per 1,000	...	...		2.46	2.49	2.88	6.02	1.05	4.36

*Abnormal year due to Influenza pandemic.

Pneumonia death rate per 1,000 compared with death rate for all causes for the years 1916 to 1921, inclusive :—

TABLE B.-17.

Death rate per 1,000.				1921.	1920.	1919.	1918.*	1917.	1916.
All causes	...	..		10.16	9.81	11.94	29.17	11.51	8.97
Pneumonia	..	...		2.46	2.49	2.88	6.02	5.00	3.35
Next most frequent causes	...	...		1.32	1.54	2.63	15.23	0.94	0.70
				(Other respiratory diseases).	(Respiratory diseases).	(Influenza).	(Influenza).	(Respiratory diseases).	(Malaria).

*Abnormal year due to Influenza pandemic.

Lobar Pneumonia by Commands.

TABLE B.-18.

Commands.				Admission ratio per 1,000 strength.	Death ratio per 1,000 strength.
Northern	...	...	...	12.1	2.76
Eastern	...	...	...	10.3	1.83
Western	...	...	...	12.7	3.70
Southern	...	...	...	6.5	1.25
Burma District	...	...	...	5.9	0.38
Waziristan Force	...	...	...	10.9	3.61

Stations showing the highest number of admissions.

Stations.			Admissions.	Deaths.	Stations.			Admissions.	Deaths.
Quetta	...	...	89	23	Meerut	...	...	47	11
Rawalpindi	...	...	78	27	Sialkot	...	...	39	9
Nowshera	...	...	76	7	Amritsar	...	...	34	8
Dehra Dun	...	...	69	6	Harnai	..	...	33	12
Peshawar	...	...	59	10	Sora Rogha	...	...	31	14
Lahore	..	..	48	14	Ali Masjid	...	...	31	11
					Agra	...	...	31	9
					Jhelum	...	...	30	10
					Jandola	...	...	28	10

Other Respiratory Diseases.

53. There were 7,468 admissions under this heading (Bronchitis 5,824, Lobular-pneumonia 937, Asthma 181, Pleurisy 292, Laryngitis 178) and 232 deaths (Lobular-pneumonia 213, Pleurisy 5, Bronchitis 5, Laryngitis 1), giving ratios of 42.6 and 1.32, respectively, compared with 53.6 and 1.54 in 1920.

DYSENTERY, COLITIS AND DIARRHŒA.

54. TABLE B.-19.
Admissions, deaths, and their ratios for 1921.

				Dysentery.	Colitis.	Diarrhœa.
Actual admissions, 1921	...			2,408	3,595	3,588
Ratio per 1,000	...	...	...	13.7	20.5	20.5
Actual deaths	...	...	...	52	13	2
Ratio per 1,000	...	..		0.30	0.07	0.01

Ratios per 1,000 for the three diseases for the quinquennial periods 1910—14 and 1915—19 and the years 1915 to 1921, inclusive :—

TABLE B.-20.

Period.		Dysentery.		Colitis.		Diarrhœa.		Combined rate.	
		A.	D.	A.	D.	A.	D.	A.	D.
1910-14 (Average)	...	18.4	0.10	3.4	0.01	11.7	0.03	33.5	0.14
1915	...	22.6	0.20	10.1	0.3	18.2	0.23	50.8	0.46
1916	...	26.0	0.25	10.4	0.08	13.7	0.07	50.1	0.40
1917	...	13.8	0.20	20.1	0.20	13.7	0.06	47.6	0.46
1918	...	12.7	0.29	23.1	0.13	22.6	0.04	58.4	0.45
1919	...	10.5	0.18	34.8	0.10	20.6	0.01	65.9	0.30
1915-19 (Average)	...	17.1	0.22	19.7	0.11	17.4	0.08	54.6	0.41
1920	...	6.1	0.12	28.1	0.05	14.9	0.01	49.1	0.18
1921	..	13.7	0.30	2.5	0.07	20.5	0.01	54.7	0.38

Stations with the highest admission rates, 1921.

					Ratio per 1,000.	Admissions.
<i>Dysentery.</i>						
Khirgi ...	...	...	...	...	92·5	173
Fort Jamrud	...	...	...	...	62·7	195
Jhelum	...	...	...	...	62·4	159
Piazza Ragza	...	...	...	...	60·2	65
Idak ...	...	...	...	..	38·5	37
Lahore	...	...	...	...	35·1	83
Ferozepore	...	...	...	...	33·8	75
Tank ...	...	...	...	...	33·6	50
Risalpur...	...	...	...	...	31·2	46
<i>Colitis.</i>						
Fort Sandeman	...	...	...	...	202·1	320
Murgha	...	...	...	...	123·1	123
Loralai	...	...	...	...	107·9	160
Chaman	...	...	...	...	80·8	129
Khirgi ...	...	...	...	...	78·6	147
Kotkai ...	...	...	...	...	72·9	136
Sora Rogha	...	...	...	...	68·7	191
Quetta ...	...	...	...	...	45·6	309
<i>Diarrhæa.</i>						
Ali Masjid	...	...	...	...	99·0	183
Parachinar	...	...	...	...	97·4	86
Karachi	...	...	...	...	68·4	153
Tank ...	...	...	...	...	59·8	89
Fort Sandeman	...	...	...	..	56·9	90
Bombay	...	...	...	...	56·4	72

Attempts were made to determine the causative organism in 2,072 cases. Of these 883 were protozoal, 44 bacillary and in the remaining 1,145 no organism was found.

The following table shews the distribution of these cases by Commands:—

TABLE B-21.

			Protozoal.	Bacillary.	General.	Total.
Southern Command	...	...	118	20	9	147
Western Command	...	...	87	13	64	164
Eastern Command	...	...	224	6	206	436
Northern Command	...	...	454	5	866	1,325
Total			883	44	1,145	2,072

VENEREAL DISEASES.

TABLE B-22.

55.

			ACTUALS.		RATIO PER 1,000.	
			Admissions.	Deaths.	Admissions.	Deaths.
Northern Command	..	...	1,637	3	24·7	0·05
Western Command	...	...	899	1	39·6	0·04
Eastern Command	...	...	1,802	2	57·0	0·06
Southern Command	...	...	1,933	...	63·8	...
Burma District...	...	...	850	...	161·1	...
Waziristan Force	...	...	320	...	18·1	...
Army of India	...	...	7,496	6	42·7	0·03

Admission ratio per 1,000 for the various forms of venereal diseases, with those of previous years for comparison.

TABLE B-23.

Year.				Syphilis.	Soft sore.	Gonorrhœa.
1910—14...	...	...	...	*4·4	*4 0	*6·4
1915	...	...	...	6·5	10·2	14·0
1916	...	...	...	7·1	13·6	19·3
1917	...	...	...	8·3	16·9	19·8
1918	...	...	...	7·7	20·8	24·6
1919	...	...	...	9·3	25·1	30·7
1915—19...	...	...	...	*7·9	*18·8	*23·2
1920	...	...	...	14·7	20·3	25·5
1921	...	...	...	14·1	13·0	15·6

* Worked out on quinquennial aggregates.

TABLE B-24.

	ADMISSIONS FOR VARIOUS FORMS OF VENEREAL DISEASE, 1921.			
	<i>Ratio per 1,000.</i>			
	Syphilis.	Soft sore.	Gonorrhœa.	Total
Northern Command	7·8	7·1	9·7	24·7
Western Command	9·2	13·6	16·8	39·6
Eastern Command	19·4	18·7	19·0	57·0
Southern Command	26·8	18·3	18·7	63·8
Burma District	46·4	47·2	67·5	161·1
Waziristan Force	4·1	4·4	9·5	18·1
Army of India	14·1	13·0	15·6	42·7

Admissions for all venereal diseases by Division for the years 1915 to 1921 inclusive :—

TABLE B-25.

DIVISIONS.				RATIO PER 1,000.					
				1921.	1916.	1917.	1918.	1919.	1920.
1st (Peshawar) ... ..	...	...	...	20·9	25·4	30·6	26·8	22·1	26·2
2nd (Rawalpindi) ... ..	...	...	...	30·2	39·8	40·7	38·1	47·9	41·9
16th (Indian)... ..	...	..	...	32·1	34·6	41·8	44·4	63·8	51·9
Frontier Brigades ... ..	...	...	...	17·0	25·3	25·0	30·8	21·8	47·3
4th (Quetta) ... ..	...	{	Central Provinces ...	38·1	30·8	31·3	41·9	53·9	51·7
5th (Mhow) ... ..	...		Baluchistan ...	36·9					
	...		Sind-Rajputana ...	44·4	30·6	26·7	39·6	40·7	45·2
Poona ... ..	...	{	Poona ...	78·1	114·5	89·8	113·8	100·0	121·4
	...		Bombay ...	72·4					
Meerut ... ..	...	...	...	56·2	36·7	54·7	53·1	74·0	66·8
8th (Lucknow) ... ..	...	...	...	46·8	35·1	40·9	46·4	62·7	84·2
	...	...	...	78·0					
9th (Secunderabad) Madras ... ..	...	...	...	67·2	69·7	70·2	89·4	122·5	122·2
Burma ... ..	...	...	...	161·1	78·7	91·2	128·0	123·8	164·3
Waziristan Force ... ..	...	...	...	18·1	...	...	...	...	...

Stations with average strength of over 1,000, and the garrisoned Ports of India furnishing highest admission rates, during 1921.

Stations.					Average strength.	Admissions.	Ratio per 1,000 of strength.
Mandalay	...	...	...	...	1,464	342	233.6
Maymyo	...	...	...	...	1,028	161	156.6
Rangoon	...	...	...	...	857	115	134.2
Bareilly	...	...	...	...	1,872	190	101.5
Ahmednagar	...	...	...	...	1,767	163	92.2
Kirkee	..	...	...	...	2,381	217	91.1
Bombay	...	...	...	...	7,162	116	90.9
Belgaum	...	...	...	...	1,785	160	89.6
Meerut	...	...	...	...	4,279	355	83.0
Lucknow	...	...	...	...	3,214	264	82.1
Alipore	...	..	...	...	1,436	116	80.8

The incidence of venereal disease for eleven years.

TABLE B.-26.

—	1911.	1912.	1913.	1914.	1915.	1916.	1917.	1918.	1919.	1920.	1921.
Ratio per 1,000 of strength ...	14.9	14.4	12.6	15.6	31.3	40.1	45.0	53.1	65.3	60.5	42.7

There was a distinct improvement in the incidence of venereal disease amongst Indian troops in 1921 compared with preceding years. Nevertheless the rate when contrasted with pre-war rates is still very high. The causes of this were :—

- (1) The separation of the men from their families due to the frequent moves.
- (2) The large number of men who contract the disease on leave. Are these men infected in their own villages? Such evidence as is available suggests that they are and if so, it would indicate that venereal disease is becoming more prevalent amongst the rural population.

BERI-BERI.

56. There were 6 admissions for this disease with 1 death, compared with 21 cases and 3 deaths in 1920.

The cases occurred at the following stations :—

Barrackpore 4 admissions, Loralai and Jullundur 1 admission each and

Dera Ismail Khan 1 death.

SCURVY.

57. There were 158 admissions and 3 deaths from this disease during the year, the respective ratios being 0.9 and 0.02, per 1,000, compared with 0.5 and 0.01 in 1920.

The chief stations returning cases were :—

Khirgi 62, Sora Rogha 20, Murgha 14, Loralai 9, Landi Kotal 9.

It will be seen that the majority of the cases occurred in the Waziristan area due to the difficulty of obtaining supplies of fresh vegetables. An issue of lemon juice is now authorised for troops in that area.

SCABIES.

Table showing comparative figures for 1921 and 1920.

TABLE B.-27.

				1921	1920.
Actual admissions				1,989	5,949
Ratio per 1,000				11.3	27.5

INVALIDING.

59. The number of troops invalided from the Indian Army was 3,638 giving a ratio of 20.7 per 1,000. The principal causes of invaliding were :—

TABLE C.-1.

Pulmonary Tuberculosis	...	504	Lobular pneumonia	...	213
Malaria	...	474	D. A. H.	...	134
Injuries	...	414	Anæmia	...	78
Eye diseases	...	374	V. D. H.	...	53
Venereal diseases	...	211	Leprosy	...	40
Nervous diseases	...	156			

Out of 504 men invalided for tubercle of lungs, 43 were Gurkhas. The invaliding rate from this cause among Gurkhas was 2.8 compared with 2.9 for the remaining Indian troops.

BRITISH OFFICERS.

60. Average strength, admissions, deaths, and ratios for the years 1921 and 1920 :—

TABLE D.-1.

				1921.	1920.
Average annual strength				3,285	3,169
Actual admissions				2,654	3,043
Ratio per 1,000				807.9	960.2
Actual deaths				37	29
Ratio per 1,000				11.26	9.15

The principal causes of admissions were :—

Diseases.				No.	Diseases.				No.
Malaria	...	...	...	736	Venereal diseases	...	...	...	32
Injuries	...	...	...	317	Dengue	...	...	...	27
Sandfly fever	...	...	...	236	Appendicitis	...	...	...	27
Diarrhoea	...	...	...	114	Pharyngitis	...	...	...	27
Tonsillitis	...	...	...	82	Enteritis	...	...	...	23
Bronchitis	...	...	...	71	Enteric group of fevers	...	...	...	19
Jaundice	...	...	...	63	Myalgia	...	...	...	19
Dysentery	...	...	...	56					
Influenza	...	...	...	51					
Gastritis	...	...	...	46					
Colitis	...	...	...	45					
Synovitis	...	...	...	40					

The deaths were due to :—

Diseases.							No.
Injuries	...	...	...	...	...	...	15
Enterica	...	...	...	...	...	...	6
Lobar pneumonia	...	...	...	...	...	...	3
Circulatory diseases	...	...	...	...	...	...	2
Tropical abscess	...	...	...	...	...	...	2

Cholera, cerebro-spinal fever, small-pox, neuritis, hemiplegia, delirium tremens, lobular pneumonia, lymphedinitis tuberculosis and abscess of liver 1 each.

EX-INDIA.

China.

61. The average strength of troops was 1,445.

					1921.	1920.
Actual admissions	...	...	...	...	455	562
Ratio per 1,000	...	...	...	...	314·9	303·9
Actual deaths	...	...	...	...	7	7
Ratio per 1,000	...	...	...	...	4·84	3·79

The chief causes of admissions were :—

Diseases.					Admissions.	Ratio per 1,000.
Venereal diseases	...	...	...	...	88	60·9
Malaria	...	...	...	...	53	36·7
Respiratory diseases	...	...	...	...	42	29·1
Influenza	...	...	...	...	17	11·8
Pulmonary tuberculosis	...	...	...	...	12	8·3
Lobar pneumonia	...	...	...	...	11	7·6

The deaths were due to :—

Pulmonary tuberculosis	...	...	...	2
Hepatic congestion and inflammation	...	...	...	2
Influenza, malaria and lobar pneumonia	...	...	...	1 each.

SECTION III.

GENERAL POPULATION.

Introduction.

62. Sir George Newman in his report for 1921 writes : “ The growth and expansion of the meaning of preventive medicine is one of the characteristics of the present time.” Is there any real sign of such expansion and growth in India ? Unfortunately the answer cannot be an emphatic affirmative : there is even evidence in some parts of retrogression.

The two main pillars of preventive medicine are the prevention of soil pollution and the limitation of the spread of contagion. The prevalence of hookworm disease which is a direct index of soil pollution, and the readiness and the facility of spread of contagion from place to place, province to province, and even to other countries show that India in respect of public health is, in comparison with other countries, living in a period considerably antecedent to 1922. It is clear that India is not applying knowledge, some of which has been gained by work within her territory, and that in India preventive medicine is not interpreted as it is in other countries. The modern definition of Preventive Medicine is “ The establishment and maintenance of individual health and the avoidance of infection or other conditions which bring about disease.” This definition is not accepted in India, for taking the country as a whole it is perhaps true to say that the main duty in health is held to be the provision of treatment for the sick to the practical exclusion of communal measures for the prevention of disease. So much is this the case that with the need for retrenchment since the advent of the Reforms the first thought in some areas has been the abolition or reduction of the department concerned with preventive medicine.

Why should this be ? It is believed that the answer will be found by a reference to the history of public health advance in other countries, and applying the facts elicited to present conditions in India.

In Great Britain, as in all countries, the two main incentives to public health reform have been fear and the spirit of humanity. Fear led at times to repressive legislation aimed mainly at the affected individual, while the stimulus often died out with lapse of memory. True humanity was permanent in its endeavour : it may have been slow in securing results, but was nevertheless sure.

The pioneers of this new humanity, whose names stand out in the history of Great Britain, are the Wesleys, Wilberforce, John Howard and Edmund Burke. It was the spirit induced by the work of such men that led to the appointment of two Royal Commissions to consider public health in England. The first sat in 1843, when the country was threatened with cholera, and its recommendations were defeated very largely by a feeling among municipalities and other local authorities that local self-government meant local option—that is, the absence of central control.

The second Royal Commission was appointed in 1869 as a result of the representations of a Joint Committee of the British Medical and Social Science Associations. The present position occupied by Great Britain in preventive

medicine is based on the action taken on the report of this Commission, among whose principal recommendations were the following :—

- (i) “ The consolidation of the existing fragmentary and confused sanitary legislation.”
- (ii) “ The administration of sanitary law should be made uniform and imperative throughout the country.”
- (iii) “ All powers requisite for the health of towns and country should in every place be possessed by one responsible local authority.”
- (iv) The constitution of a central authority “ charged in one of its departments with the superintendence of all sanitary authorities and equipped with a sufficient staff of officers ” (*such authority*) “ must nevertheless avoid taking to itself the actual work of local Government. We would leave *direction* only to the central power..... The new department will have to keep all local authorities and their officers in the active exercise of their own legally imposed and responsible functions : to make itself acquainted with any default and to remedy it : it will have also to discharge to a much greater extent its present duties....., namely, to direct inquiries, medical and otherwise, to give advice and new plans when organised, to sanction some of the larger proceedings of the local authorities, to issue provisional orders subject to parliamentary confirmation, to receive complaints and appeals, to issue medical regulations on emergencies, and to collect medical reports.”

It is noteworthy that in Great Britain it took some 25 years (1843-1868) of educative effort to secure the general acceptance of the principle of central control, and that the first real advance in public health was perhaps due to the combined effort of medical men and social workers. Thus for public health advance it is necessary to have—

- (a) the incentives of fear and humanity,
- (b) a sympathetic medical profession and social workers,
- (c) a popular opinion educated up to accept—
 - (1) a public health Act,
 - (2) uniform and compulsory administration of the Act,
 - (3) central control.

In India the incentive of fear exists. The influenza epidemic in 1918 led to demands in the Legislative Councils for more expenditure on preventive medicine. Following expert advice the Government of India decided to institute epidemiological units for dealing with epidemics. The orders for those units have been cancelled owing to financial stress, which is more potent than the transient stimulus of fear.

Humanity does exist, as is evidenced by the growth of social service organisations. There have lived and still live Indians of note, whose names will go down to history, and who have been humanitarians in a national as distinct from a provincial or racial aspect. The tendency in India is for the individual

of whatever race to have a distinctly provincial outlook. It is this definite provincial as distinct from a national outlook which must prove a great hindrance to preventive medicine, for, contagion is no respecter of geographical or political boundaries. Humanity demands action not only in self-interest, but for the nation and even the world. India has yet to learn this in so far as it relates to preventive medicine.

The medical profession in India is not a united body. This is perhaps the fault of circumstances rather than of the individual. There is no Medical Act for India under which a Council for India can be constituted to exercise influence over the conduct of registered practitioners ; and to raise and maintain the standard of medical education. Medical Acts are provincial, and the profession is consequently provincialised. It is noteworthy that the Medical Act of Great Britain was passed in 1858. In 1868 the voice of the profession created ten years earlier was heard in the cause of preventive medicine. Unity of the profession in India and its weight in the interests of national health would undoubtedly be furthered by a General Medical Act for India.

Sanitary legislation in India is as fragmentary and confused as it was in England in 1868. There is no pretence at uniformity in administration and little at compulsion. There is also the same opposition to central control as was evident in Great Britain in 1848. In this connection central control does not refer to control by the Government of India, but control over local authorities by the department of the provincial Government responsible for preventive medicine. Existing Acts often provide for control by a District Officer, rather than by the Department of the provincial Government concerned.

Public opinion shows no indication of being educated sufficiently to permit the universal and compulsory administration of public health law.

Taking all these facts into consideration there can be no doubt that in preventive medicine India is not so far advanced as Great Britain was in 1869. This must be remedied if India is to enter International organisations on an equal footing with other nations. It can be remedied if the members of the Legislative Assembly as representatives of public opinion in this country realise their responsibility in this matter not only to India, but to the world.

The Government of India Act, Schedule I, Part II, states that public health and sanitation and vital statistics are provincial ; subject to legislation by the Indian Legislature in respect to infectious and contagious diseases to such extent as may be declared by any Act of the Indian Legislature. Consequently, the Reforms Scheme lays on the Indian Legislature responsibility for limitation of the spread of infection. Limitation of spread is not so much concerned with measures relating to the infected individual as to the conditions under which the population lives. Thus, gross contamination of the soil leads to hookworm disease, the pollution of water supplies even at considerable distance, and to the prevalence of cholera and other bowel complaints. Conditions favouring the propagation of insect carriers of disease may lead to the wide dissemination of disease by railways, road and steamer traffic. The function of the Legislative Assembly in relation to preventive medicine is to legislate to prevent—

- (a) the ingress of infection by sea and land frontiers,
- (b) the egress of infection from India to other countries, and
- (c) the spread of infection from province to province.

To avoid any possibility of misunderstanding reference is invited again to the recommendations of the Royal Commission of 1869 quoted above. The central Government must not undertake executive work, but simply see that the work is efficiently done.

An Act should lay down first, what has to be done to secure the objects in view ; second, the local authorities for carrying out the duties and the areas over which each has jurisdiction, and third, financial provisions. Such an Act would form a skeleton Public Health Act for India, and would of necessity require supplementing by Acts for each province.

The function of the Legislative Assembly is not confined to legislation but includes responsibility for the efficient execution of the measures laid down. How this responsibility is to be met should be included in the Act.

It is a truism that legislation is often inoperative unless public opinion is sufficiently educated. An Act is in itself educative, and it is perhaps not too much to say that Great Britain owes in this respect a good deal to the first Public Health Act of 1848. India may or may not be ready for an Act as comprehensive as the second Public Health Act of 1872, but she is undoubtedly as ready to benefit as Great Britain was in 1848. The educative effect of legislation must, however, be supplemented by organized propaganda work undertaken by Governmental and voluntary agencies working in co-operation. Voluntary agencies for maternity and child welfare, tuberculosis, venereal diseases and general sanitation have been started. Much good should result from the newly constituted National Red Cross Society, with its 15 Branch Provincial Committees, if an effort is made to keep it truly national by reason of a wide membership embracing all creeds and all sections of society both rich and poor.

A voluntary agency is not to usurp the function of a local authority, but to initiate or supplement work with the approval of and generally under the direction of the local authority. It is often thought that propaganda work ends with lectures and exhibitions. These have their value, but for permanence in effect on public opinion are far inferior to practical demonstrations of the value resulting from approved public health methods. Campaigns over a limited area for the eradication of hookworm, cholera or malaria for instance are almost unlimited in their educative effect. Such educative demonstrations should clearly not be left solely to voluntary agencies. Governments should take their share. Any interested reader will find in the pages of this report ample evidence of the unfortunate position India occupies through the prevalence of epidemic and preventable diseases to justify the Legislative Assembly in the provision of funds for epidemiological units, which by dealing with the principal epidemic diseases in selected areas will demonstrate what can and should be done.

The Rockefeller Foundation of America has given the world an exhibition of the possibilities of such demonstrations. Yellow fever has in the past been a scourge for the world due to its spread by shipping from endemic centres in Central America. There has been in the past few years a feeling that the trade relations of Asia with these countries involve the danger of the spread of infection to India. Whatever may be thought of the imminence of the risk, there can be no two opinions with regard to the appalling calamity to India from the arrival of infection. The Rockefeller Foundation has conceived the idea of stamping yellow fever out of the endemic area. Commissions are at work demonstrating to local Governments and local authorities the methods which lead to successful eradication of the disease. As a result there is

evidence of definite contraction of the endemic area. This lessens the risk to India. India, however, cannot depend for its immunity from disease on work done in other countries. The danger must be met by improving the conditions under which people live and work in India. The Rockefeller Foundation was founded by one commercial magnate. There are rich and public spirited men in India. Will not some come forward and assist in a real effort to stamp out preventable diseases which are influencing so adversely the health of the people of India, and the trade and prosperity of the country ?

A Medical Research Institute may be opened in Delhi : research adds to knowledge of disease, but this knowledge is useless to the country unless it is applied. The institution of epidemiological units based on the Research Institute will be complementary to the Institute, and was recommended by a Committee composed of official and unofficial medical experts of India. Each unit is estimated to cost Rs. 10,000 initially and about Rs. 30,000 recurring.

India is now in a state of evolution towards an Indian nation and this aim perhaps takes first place in the thoughts of Indian statesmen. It is therefore appropriate to quote the words of the late Mr. Disraeli : “ Public health is the foundation upon which rests the happiness of the people and the power of the State. Take the most beautiful kingdom, give it intelligent and laborious citizens, prosperous manufactures, productive agriculture : let arts flourish, let architects cover the land with temples and palaces ; in order to defend all these riches, have first rate weapons, fleets of torpedo boats—if the population remains stationary, if it decreases yearly in vigour and in stature, the nation must perish. And that is why I consider the *first duty of a statesman is the care of public health.*”

Rainfall and agricultural conditions.

63. The monsoon of 1920, which was distinctly unfavourable over certain areas, naturally influenced agricultural conditions and the price of food grains. There was, however, little evidence of distress as the following notes will show.

In Madras Presidency both monsoons of 1920 were disappointing in parts of five districts—Ganjam, Vizagapatam, Kurnool, Bellary and Anantapur. Test works opened in Ganjam and Kurnool received no response. Actual famine was declared over 2,246 square miles of Bellary and Anantapur districts. There was scarcity of fodder in the Circars and Deccan. Wages remained high and helped in preventing distress.

In the Bombay Presidency both monsoons were equally unsatisfactory. The acreage under food grains fell by 10 per cent. and output by 38 per cent. The season has been described as a disastrous one for the agricultural population. Prices of grain rose. Famine was declared in Ahmednagar and Bijapur districts, and scarcity in many parts of East Deccan, Gujerat and Belgaum districts.

In the Central Provinces the monsoons were even more unsatisfactory. The harvest was 42 per cent. below normal, a condition without parallel since 1899-1900. The condition of the agricultural population deteriorated, but gave no serious cause for alarm.

In the Punjab the weather conditions at the end of 1920 and beginning of 1921 were unfavourable for sowing of autumn and spring crops. Acreage under

food grains was 15 per cent., and output 29 per cent. below normal. Wages and prices remained high. There was not sufficient distress to attract labour to relief works.

In the United Provinces the unsatisfactory monsoon influenced chiefly the *rabi* crop, but the harvest was not so bad as was expected. Some sign of distress was noticed in parts of Mirzapur and Garhwal districts.

In the North-West Frontier Province conditions were most unfavourable for *rabi* harvest which was 31 per cent. below normal. No actual distress existed, but the condition of the agricultural population was described as unsatisfactory.

In Bengal, Bihar and Orissa, and Assam the crops were fairly satisfactory, except that in parts of Orissa the crops were seriously damaged by flood.

In Burma the rice crop was about the average. The price of rice rose to a high level, but this only affected the urban and coolie population. A series of poor years in Shwebo has led to the migration of men in search of work.

1921 therefore opened under distinctly unfavourable conditions for the agricultural population over wide areas of the country. By the end of July the situation had been considerably eased by timely rainfall : relief works were gradually being closed. This early promise was fully borne out by the September rainfall, and except for three Deccan districts of Madras and the area involved in the Moplah outbreak the prospects were distinctly good. Famine relief operations were extending in the three districts mentioned.

The Director General of Observatories describes as follows the chief features of rainfall of 1921 :

I.—The monsoon persisted in the south of the Peninsula longer than usual in January and precipitation in north-west India due to winter depressions was exceptionally deficient.

II.—Weather was abnormally dry in the period March to May.

III.—The monsoon began normally and gave roughly normal amounts of rain in all the divisions of the country.

IV.—Winter depressions began early and gave unusually heavy rain in north-west India, excluding Rajputana and Gujerat, in the period October to December.

V.—Taking the year as a whole the amount and distribution of rain were fairly normal.

Census population.

64. The figures this year are calculated on the population as revealed by the census of March 1921. The following table compares the figures with the previous census :

	Census of 1911.	Census of 1921.	Percentage increase or decrease.
Delhi	416,656	500,539	+20.1
Bengal	45,329,247	46,522,293	+2.6
Bihar and Orissa	34,489,866	34,002,189	—1.4
Assam	6,051,507	6,854,367	+13.2
United Provinces	43,805,913	45,375,787	—3.5

			Census of 1911.	Census of 1921.	Percentage increased or decrease.
Punjab	...	...	19,337,146	20,517,606	+ 6
N. N. F. Province	...	...	2,041,077	2,135,573	+ 4.6
Central Provinces	...	...	13,916,308	13,912,760	...
Madras	...	...	40,005,735	41,002,696	+ 2.4
Coorg	...	...	174,976	163,838	—6.3
Bombay	...	...	19,587,383	19,165,614	—2.1
Burma	Lower	...	3,721,281	4,019,249	+ 8
	Upper	...	6,103,109	6,751,941	+ 10.6
Ajmer-Merwara	...	...	5,11,395	495,271	—1
Total		...	238,481,579	241,419,723	+ 1.2

The bare fact stands out that the population has increased, but slowly. In some provinces the estimated population from natural increase or decrease is above and in others below the actual. The theory that this is due to inaccuracy of registration would in one case mean a bias against death registration and in the other against birth registration. As death registration is fairly accurate numerically, it is probable that migration vitiates the accuracy of an estimated population when natural increase or decrease is the only factor. In Burma, for instance, figures for migration are utilised as far as possible in estimating population, and it has been found that the total error is about one per cent. It is suggested that this method may receive more extended trial in India, so that the statistics in intercensal years may be calculated on a figure representing fairly clearly the actual population.

BIRTHS AND DEATHS.

65. *Births*.—The births numbered 7,774,776 or 89,456 less than in 1920. The defect was chiefly noticeable in Bengal, United Provinces, Central Provinces and Burma.

The birth rate was 31.97 against 32.98 in 1920, and a quinquennial mean of 35.0. The number of males born to every 100 females varied from 104 in Upper Burma to 125.8 in North-West Frontier Province.

Deaths.—Deaths numbered 7,385,112 against 7,355,654 in 1920—an increase of 29,458. The excess of births over deaths was 389,664.

In Bengal, the United Provinces, Central Provinces, North-West Frontier Province and Coorg deaths exceeded births.

The death rate was 30.59 against 30.84 (calculated on 1911 census population) in 1920 and a quinquennial mean of 38.2. This drop in the death rate as compared with 1920, in spite of the fact that the actual number of deaths was in excess, shows the necessity for the calculation of estimated populations during intercensal years. The male death rate was 31.35 and the female 29.79. The urban death rate was 33.31 and the rural 30.33. The rural death rates in Bengal, Assam and Bihar and Orissa exceeded the urban. In the Central Provinces, United Provinces and North-West Frontier Province the rural death rates were high, but not in excess of the urban. In these areas the *rabi* crop of 1920-21 was defective.

The principal facts relating to births and deaths are given in the following table :—

Provinces.	BIRTH.			TOTAL DEATHS.			RATIO OF DEATHS PER 1,000 OF POPULATION.			MEAN DEATH RATE DURING PREVIOUS FIVE YEARS.		
	Total number.	Ratio per 1,000 of population.	Mean Ratio during previous five years.	In municipalities and towns.	In districts excluding towns.	Total.	In municipalities and towns.	In districts excluding towns.	Total.	In municipalities and towns.	In districts excluding towns.	Total.
Delhi ...	20,297	40.55	Not available.	9,427	6214	15,641	35.67	26.30	31.24	Not available.	48.18	48.0
Bengal ...	1,301,001	28.0	30.8	79,764	1,323,266	1,403,030	25.8	30.5	30.1	26.0	31.7	31.3
Bihar and Orissa ...	1,178,066	34.6	35.0	37,194	1,079,229	1,116,423	31.7	32.8	32.8	35.4	30.8	35.6
Assam ...	203,153	29.63	31.78	3,485	178,028	181,513	23.85	26.53	26.43	28.47	36.33	36.17
United Provinces of Agra and Oudh.	1,560,602	34.39	39.40	139,704	1,655,741	1,795,445	46.97	39.05	38.57	40.57	45.42	45.74
Punjab ...	851,602	41.5	40.23	68,249	549,988	618,237	33.46	29.76	30.13	37.36	39.09	38.92
North-West Frontier Province.	58,200	27.3	29.6	6,751	60,707	67,458	31.78	31.56	31.59	31.07	31.00	31.85
Central Provinces and Berar.	527,233	37.90	41.74	64,884	547,438	612,322	48.69	43.52	44.01	49.96	52.63	52.30
Madras Presidency..	1,108,474	27.0	29.5	128,797	698,100	826,897	24.9	19.5	20.2	31.8	27.5	25.0
Coorg ...	4,494	27.43	27.82	386	4,293	4,679	43.66	27.70	28.56	47.41	35.30	35.99
Bombay Presidency	624,640	32.59	35.53	129,913	368,437	498,350	34.84	23.89	26.00	47.28	44.15	41.66
Burma { Lower ...	181,607	26.90	31.84	30,610	118,314	148,924	35.51	20.09	22.06	40.89	26.66	28.50
{ Upper ...	139,939	31.82	35.76	12,511	69,609	82,120	35.67	18.97	20.43	47.80	29.91	30.55
Ajmer-Merwara ...	15,418	31.13	30.72	Not available.		14,073	Not available.		28.41	Not available.		60.78
British India ...	7,774,776	31.97	35.0	711,675	6,659,364	7,385,112	33.31	30.33	30.59	39.7	38.0	38.2

Registration.—As the major portion of the population is scattered in small villages any recording agency must be cheap. For villages this agency is usually a police official. It is not held that a better agency cannot be found, but there is no doubt that at present the necessary funds are not available.

Numerically a fair degree of accuracy is obtained, especially in death registration. The work is checked by the vaccination staff, district officers, Civil Surgeons and Assistant Directors of Public Health. The figures for the Punjab are quoted as an example of errors found : the percentage of omissions detected worked out to 1.17 and 1.29 for male and female births, and 0.86 and 0.93 for male and female deaths.

Certification of cause of death and notification of infectious diseases are of course inaccurate. Here again the results are of considerable value if treated properly. The village officer in attributing a cause for death detects a prominent symptom and to this death is attributed. Is not this the basis of death certification all the world over ? In India it is of course unskilled, but even with unskilled notification it is possible to obtain approximately accurate figures relating to the incidence of the chief epidemic diseases. The error chiefly lies in the failure to notify early cases and to recognize aberrant forms. This delays the commencement of such preventive measures as may be possible.

Education of those concerned in registration continues to receive attention, and a vital statistics manual issued by the Government of Bombay is an example of this effort. It is by such effort alone that greater accuracy in vital statistics can be obtained in India during the next few years. At the present time, as indicated above, the information gained relating to the prevalence of and mortality from disease in India is of value and the information so obtained is published and widely distributed. A telegram is sent weekly to the Ministry

of Health, London, giving salient facts with regard to the spread of epidemic diseases in India : weekly bulletins are issued containing information on—

- (a) incidence and mortality of chief epidemic diseases,
- (b) vital statistics of chief port towns,
- (c) vital statistics of main towns other than ports,

quarterly bulletins giving vital statistics for the whole of India are also prepared. In these ways India is taking her part in world-spread desire for information on disease, and the facts received from other countries are published in India for the benefit of public health administrations in India.

INFANT MORTALITY.

66. 1,538,937 infants died before attaining the age of one year, or 197.0 per mille of registered births. Details by age periods are given in the table :—

	Under one month.	Per cent. of total.	1 to 6 months.	Per cent. of total.	6 to 12 months.	Per cent. of total.	Total.	Ratio per 1,000 births.
Bengal ...	108,218	40.3	58,005	21.6	101,939	38.1	268,162	206.1
United Provinces ...	170,928	46.3	124,021	33.6	74,182	20.1	369,131	265.8
Delhi ...	1,551	35.2	1,582	35.9	1,276	28.9	4,409	217.2
Assam ...	19,427	51.1	12,198	32.1	6,413	16.8	38,038	188.5
Bihar and Orissa ...	89,362	47.7	56,644	30.2	41,418	22.1	187,424	191.4
Madras ...	76,738	43.0	38,986	21.9	62,611	35.1	178,335	166.0
Bombay ...	44,119	39.6	38,571	34.7	28,564	25.7	111,254	178.1
Central Provinces ...	66,016	44.8	45,821	31.1	35,530	24.1	147,367	279.5
Punjab ...	75,823	46.5	44,876	27.5	42,477	26	163,176	191.6
North-West Frontier Province.	5,272	46.4	3,823	33.7	2,256	19.9	11,351	195
Burma ...	20,311	36.7	23,213	41.9	11,802	21.4	55,326	172
Coorg ...	602	59.5	246	24.3	163	16.2	1,011	225
Ajmer-Merwara ...	1,162	29.4	1,432	36.2	1,359	34.4	3,953	256.3
	679,529	44.2	449,418	29.2	409,990	26.6	1,538,937	197.9
Ratio per 1,000 births ...	87	...	58	...	53	...	198	...
Ratio in England and Wales	35	...	29	...	19	...	83	...

For the chief cities the infantile death rates were :

Bombay ..	..	..	..	..	..	..	667
Calcutta ..	..	..	..	..	..	..	330
Madras ..	..	..	..	..	..	..	281.9
Rangoon ..	..	..	..	..	..	..	322
Poona city ..	..	..	..	..	..	..	876
Sholapur ..	..	..	..	..	..	..	396
Surat ..	..	..	..	..	..	..	331
Ahmedabad ..	..	..	..	..	..	..	348
Karachi ..	..	..	..	..	..	..	270
Bareilly ..	..	..	..	..	..	..	211
Cawnpore ..	..	..	..	..	..	..	580
Allahabad ..	..	..	..	..	..	..	300
Benares ..	..	..	..	..	..	..	319
Lucknow ..	..	..	..	..	..	..	331
Nagpur ..	..	..	..	..	..	..	358
Howrah ..	..	..	..	..	..	..	284
Dacca ..	..	..	..	..	..	..	239

These figures are very serious, and indicate in the strongest possible measure the dire necessity of very urgent attention being given by municipal councillors to the improvement of the conditions under which people have to live in the cities of India.

During the past 15 years in England and Wales infant mortality has fallen from 132 to 83. The decline in mortality has been least during the first month of life, and greatest in that during the period six months to one year.

The table above shows that 44 per cent. of infantile deaths in India occur during the first month and that the mortality rate at this period is 87 per 1,000 live births, and is higher than the total infantile mortality rate in England. Effort and very laudable effort is being made in many centres to reduce this rate, but it should not be forgotten that more tangible results are likely to follow effort against the mortality of infants between 1 and 6 months and 6 and 12 months old. The mortality rates at these periods in India are double or three-fold those recorded in England. The ratio of infantile deaths to total deaths is 20.8. The corresponding ratio in England and Wales was 15.3.

In certain provinces an attempt has been made to give the number of deaths within the first week of life. This shows that 63 per cent. of the deaths under one month and 28 per cent. of the deaths under one year occurred in the first week of life.

—				Deaths under one week.	Ratio per 1,000 live births.	Ratio per 100 deaths under 1 month.	Ratio per 100 deaths under 1 year.
Bihar and Orissa	...	...		60,559	51	67	32
United Provinces	...	...		111,761	71	65	30
North-West Frontier Province	...			2,907	49	55	25
Central Provinces	...	...		39,014	74	59	26
Madras	...	...	...	47,602	43	62	26
Bombay	...	...	...	25,747	41	58	23
Burma	...	...	...	10,760	33	53	19
Coorg	...	...	...	498	110	82	48
Ajmer-Merwara	...	...		680	44	58	17
Total				299,528	55	63	28

The ratio of deaths under one week to 1,000 live births is 55 : that is 1 out of every 18 infants born dies within seven days of birth. This ratio is rather higher than the ratio in England for deaths of infants under three months of age.

A high infant mortality rate indicates (a) carelessness and ignorance on the part of those in attendance on the mothers at child-birth, (b) unhealthiness in the mothers, (c) unhealthy conditions in and around the homes. These three points require to be remedied if any material improvement in infant mortality is to be achieved. It should be remembered that infant mortality does not simply mean the loss of so many babies : this is serious enough. More serious still is the maiming of a large percentage of the infants who live, for, "conditions which kill some, injure others". A high infant mortality rate therefore means a C 3 nation. India will never be able to compete in industry and other matters on equal terms with other nations while she is so seriously handicapped by the unhealthy factors killing and maiming her infant population. Not only

is there unnecessary danger under present conditions to infants, but the mothers are exposed to grave risks in child-birth. Many die and others are injured permanently. These risks are to a large extent remediable. Statistical evidence of the extent of the risk is not very reliable in India, but such as it is it serves to indicate how serious conditions are. In registration a death is attributed to child-birth only when it occurs within 14 days of confinement.

The following table gives a few figures :

Province.			Towns.	Rate per 1,000 births.
United Provinces	...	...	<i>All towns over 10,000</i>	8.3
			Saharanpur	12.1
			Meerut	7.3
			Aligarh	6.1
			Agra	12.2
			Bareilly	5.1
			Moradabad	16.5
			Shahjahanpur	9.1
			Cawnpore	5.8
			Allahabad	10.9
			Benares	14.7
			Lucknow	10.6
Bombay	...	...	<i>All towns</i>	15.8
			Nasik	19.4
			Poona	32.9
			Sholapur	1.2
			Hubli	2.9
			Surat	27.2
			Ahmedabad	10.6
			Karachi	14.1
			Hyderabad	17.4
			Sukkar	24.5
			Shikarpur	59.7
Assam	...	...	<i>Towns over 10,000</i>	16
			Silchar	4.4
			Sylhet	21.9
			Gauhati	17.5
			Barpeta	13
			Dibrugarh	18.5

Province.				Towns.			Rate per 1,000 births.
Burma	...	...	...	<i>All towns...</i>	...	...	9.9
				Rangoon	...	...	4.9
				Akyab	...	...	16.0
				Prome	...	...	9.7
				Bassein	...	...	11.7
				Moulmein	...	...	10.1
				Tavoy	...	...	19.8
				Mandalay	...	...	9.1
				Pyinmana	...	...	49.4
Coorg	...	...	...	<i>Whole province</i>	..	...	15.43
				Mercara town	...	...	29
				Virajpet	..	...	13.7
Central Provinces	...	...	...	<i>All towns</i>	...	...	10.3
				Nagpur	...	...	9.7
				Jubbulpore	...	...	10.3
				Saugor	...	...	8.1
				Khandwa	...	...	15.1
				Burhanpur	...	...	14
				Raipur	...	...	29.1
				Amraoti	...	...	1.2
				Akola	...	...	16.2
Madras	...	...	...	<i>All towns</i>	...	...	6.6
				Conjeeveram	...	...	16.7
				Coimbatore	...	...	14
				Rajahmundry	...	...	2.7
				Coconada	...	...	4.5
				Madras	...	...	11.5
				Madura	...	...	4.8
				Calicut	...	...	8.9
				Salem	...	...	6.2
				Cuddalore	...	...	13
				Mangalore	...	...	4
				Kumbakonam	...	...	21.8
				Tanjore	...	...	13.6

Province.		Towns.	Rate per 1,000 births.
Madras— <i>contd.</i>	...	Negapatam	23.4
		Tinnevely	10.5
		Trichinopoly	19.6
Delhi City	...	.....	6.8
Bombay City	...	All causes	24.8
		Puerperal fever only	19.3
Calcutta	...	All causes	25.02
England and Wales	...	.....	3.91

These figures speak for themselves, and should make every educated man think seriously. Why do these women die ? Take Bombay city—here 77 per cent. die of puerperal fever, a disease due to ignorance, carelessness and lack of cleanliness on the part of those in attendance before, during and after labour. Carelessness, dirt and ignorance are in these enlightened days inexcusable. It should be recognised in India, as it is in all civilised countries, that “ every woman should be able to obtain skilled and competent professional assistance from doctor or midwife, before and at her confinement, either in her own home * * * if the home environment be reasonably satisfactory, or * * * in a properly equipped Maternity Home or Hospital ”.

In how many cases is the home environment reasonably satisfactory in India ? For answer turn to the speech made in the United Provinces Council Chamber last March by the Hon’ble Pandit Jagat Narayan, Minister for Local Self-Government. “ May I know whether we ourselves are not the greatest sinners in this respect ? Will it be possible for an ordinary *dai* who is taught sanitary and hygienic methods to practise them ? I say no. And if anybody joins issue with me then I can prove that our manners and customs will stand in her way ” * * * “ We are wholly responsible for the insanitary conditions prevailing in our houses.”

Would that this responsibility were generally realised. The above extract brings out the point which is so often forgotten ; that results from maternity and child welfare work are masked because the two main pillars of preventive medicine—a clean environment and limitation of spread of contagion—have not received sufficient attention.

Schemes for maternity and child welfare.

67. (a) *By voluntary agency.*—Three all-India Voluntary Societies are at work :—The Victoria Memorial Scholarship Fund : the Lady Chelmsford League for Maternity and Child Welfare, and the newly organised Indian Red Cross Society.

The Victoria Memorial Scholarship Fund deals only with the practising *dai*. During 1921 the income of Rs. 85,000 was derived from a Government subsidy of Rs. 46,000, and interest on investments. Grants were made to 21 centres for the training of midwives and totalled Rs. 41,703. Under the auspices of the Fund certain books and pamphlets have been published and models prepared for use in classes for training *dais*.

The Lady Chelmsford League has four main objects—

- (a) Education of health visitors and maternity supervisors.
- (b) Propaganda by means of travelling exhibitions, publications, etc.
- (c) Encouragement of formation of provincial branches.
- (d) Grants to welfare centres.

A training school for health visitors has been opened at Delhi and up to the end of 1921, 26 students had passed through the School and 15 had obtained appointments.

Under propaganda literature, pamphlets and posters are prepared : a journal is published and a travelling exhibition is being prepared.

Associations affiliated with the League have been started at Madras, Rajputana and the Punjab. Further applications for affiliation have been received.

The welfare centres in Delhi and Simla to which substantial grants are made are doing excellent work and are gradually gaining the confidence of the public.

The Indian Red Cross Society has only recently been established. If it can secure a really wide membership its potentiality for good in public health generally will be almost unlimited. A promising start in child welfare work has been made in Bengal where one of the branches of the Society under a strong Committee is devoting attention to child welfare work. In co-operation with the National Indian Association a clinic has been started, and in connexion with this is a milk kitchen.

As examples of provincial voluntary effort there is in Burma the Child Welfare Endowment Fund. Useful work was done in Rangoon, Mandalay and Moulmein, and 1,095, 456 and 386 confinements were attended. A maternity ward has been erected at Thongwa. Societies are also at work in Syriam, Pyapon, Kyaukse, Taungdwingyi, Meiktila and Taunggyi.

In Bombay city the Infant Welfare Society opened three more centres, making five in all. One of the centres contains a creche. At the centres milk and maltine is either given free or sold at a nominal price. During the year 25,729 seers of milk were sold at one anna a seer, and 5,227 seers given free.

In Madras there is the Maternity and Child Welfare Association. A training school for health visitors has been opened, and a baby welcome started.

The above remarks are not intended to be a comprehensive survey of voluntary effort for maternity and child welfare. Much other work is done, notably by Missions, but reports are not to hand.

(b) *By Governmental (including municipal) agencies.—Bombay city.*—Twenty municipal nurses, all qualified midwives are at work : ten of these were appointed during 1921.

Of the confinements 56.8 per cent. were attended by unqualified women : 5.1 per cent. by qualified nurses other than municipal and 9.5 per cent. by municipal nurses. 24.4 per cent. of infants were born in hospitals. The 3 Municipal Maternity Homes providing 55 beds are becoming more popular : 1,444 women were confined in them showing an increase of 110 over the figure for 1920. Proposals for three additional maternity homes are under the consideration of the Corporation. The municipal nurses visit the homes, and during 1921 paid 35,968 such visits, and entered the homes of 61 per cent. of the infants born.

An enquiry into the employment of women before and after confinement was opened under the Countess of Dufferin Fund. Nearly 31 per cent. of mothers left home for work and their children to the care of others.

Calcutta.—The city is divided into four circles, each with a staff of a health visitor and 4 midwives. Between them they attended 3,208 maternity cases, or 1 out of every 6 cases in Calcutta. Only 9 women attended by the municipal midwives died. This is a remarkable demonstration of the value of the trained midwife. 104 difficult and complicated cases of labour were treated in hospital.

Babies are visited daily for 10 days, and at least twice during the following 10 days. After this they are kept under observation for three months.

Madras city.—The welfare scheme started in 1917 as an experimental measure is now a permanent institution of the Corporation. Three centres were at work during the year : financial stress prevented an extension of the number. 4,112 confinements were attended : of these 3,060 were solely in the hands of nurses, 256 women were sent to hospital, and in 796 cases the confinements were taken over from uneducated *dais*.

A milk depot has been established at one centre. In addition to the nurses three trained health visitors and five probationary health visitors were employed.

Bangalore (Civil and Military Station).—The staff consists of two lady health visitors, 9 midwives and 1 Anglo-Indian nurse for the creche with 3 *ayahs* and 2 peons. The two lady health visitors also periodically inspected all Girls' schools in the station. A Health and Welfare Exhibition was held in August 1921 and proved an unqualified success.

Delhi.—There are three infant welfare centres, the whole under the supervision of two lady health visitors. They are assisted by two trained *dais* and two health visitors.

772 confinements were attended.

Three classes for *dais* were held and 70 were trained during the year.

A school for the training of health visitors is attached to the welfare work. The course of instruction is for nine months.

Rangoon.—Midwives provided by the Society for the Promotion of Infant Welfare attended 1,095 confinements, and 31 cases were sent to the Dufferin Hospital. 931 live children were born, and of these 86 or 92.3 per 1,000 of live births died within the first year of birth. For the city as a whole the infant mortality rate was 322.

Karachi.—Midwives are trained at the Louisa Lawrence Institute. Some of these are employed by the Karachi Health Association. Maternity wards are provided at the Lady Dufferin Hospital. A day nursery has been established for the care of infants whose parents go out to work.

Ahmedabad.—The municipality employ six midwives who attended 1,215 pregnant women. Among these there were 123 abortions, 53 miscarriages and 78 still births.

Central Provinces.—The Child Welfare League started at Nagpur suffered for lack of funds and has now been taken over by the municipality aided by a grant-in-aid of Rs. 5,500 by the local Government.

Creches have been started at the Empress Mills.

In Jubbulpore a private medical practitioner supervises the work of two female sub-assistant surgeons assisted by two visiting nurses. Good work is being done.

In Amraoti the Municipality employ one midwife who has taken on *dais* as her assistants with the object of training them.

In other municipal towns midwives have been appointed.

A scheme for the provision of scholarships for the education and training of the children of *dais* has been in force since 1914. This is a promising idea, and its future progress will be of importance.

United Provinces.—The co-operative dairies at Benares, Allahabad and Lucknow were maintained.

The following is a precis of the working of the provincial scheme for training indigenous *dais* :—

United Provinces.—In Lucknow 36 lectures were given, and the average attendance was between 12 and 15. 87 cases were attended with indigenous *dais* and 2,232 cases were visited with them after delivery. Under the child welfare scheme of the municipality 313 confinements were supervised and 66 were conducted by the health visitor. 212 expectant mothers were seen and 11 abnormal cases discovered.

In Benares 34 classes for *dais* were held and the average attendance was 11. The resident midwife attended 76 confinements and visited 1,113 cases after labour.

In Cawnpore the results have been poor. The midwife only attended one confinement and the *dais* seemed to be unwilling to attend her lectures.

In Allahabad the conditions are much the same. The midwife attended only 4 confinements.

In Fyzabad there was marked progress, the resident midwives attended 181 confinements and visited 109 cases after labour. Average attendance of *dais* at classes was 19.

Two resident midwives at Bareilly attended 1,004 confinements. The average attendance of *dais* at classes was 14.

All these schemes are supervised by a Maternity Supervisor who visits each place periodically, delivers lectures and attends confinements with *dais* and midwives.

North-West Frontier Province.—A scheme for training *dais* at the Peshawar and Dera Ismail Khan Zenana Hospital was drawn up and municipalities consented to bear the cost. So far no suitable woman has come forward for training. With a view to starting a Child Welfare centre the Peshawar Municipality has sent a midwife to be trained at the Delhi Health School.

Assam.—Classes for training of *dais* were held at Dibrugarh and Gauhati.

Baluchistan.—Nine *dais* attended classes in Quetta and 830 confinements were attended by trained *dais*.

In Sibi there is a class of 12 *dais*. *Dais* under training conducted 84 confinements under supervision.

Bihar and Orissa.—Classes for training *dais* were held at 8 centres—Bankipore, Gaya, Arrah, Hathwa, Battiah, Cuttack, Hazaribagh and Ranchi. 18 *dais* were trained during the year.

A Maternity Supervisor was appointed for Patna city.

Bengal.—A welfare Committee has started work in Dacca, but is suffering for lack of funds.

Sind.—Hyderabad. The average attendance at *dais* classes is 28.

Punjab.—In Ambala 11 *dais* attend the class.

In Ludhiana training is carried out at the Maternity Hospital and city dispensary. During the year three indigenous *dais* passed, 10 *dais* and 3 nurse *dais*. *Dais* and nurse *dais* go through a course of two years.

At Lahore and Multan the indigenous *dais* refused to attend lectures. In Lahore a class for *dais* is held and 14 attended.

At Asrapur a class is held for *dais* at the C. D. Zenana Mission Hospital. 32 *dais* are on the register, 7 were examined and 6 obtained the certificate. 410 outdoor and 58 indoor labour cases were attended.

CAUSES OF INFANT MORTALITY.

68. The figures for Bombay city may be taken as a general indication of the causes of infantile deaths. Out of 12,751 infantile deaths, 4,507 were due to diseases of the respiratory system, 4,395 to infantile debility, malformation and premature birth, 981 to bowel complaints, 78 to dysentery, 254 to malaria, 77 to small-pox and 66 to measles.

A considerable proportion of the deaths was therefore caused by factors which can be remedied that is, unhealthy surroundings and spread of contagion. This should be remembered, for unless they are remedied those who expect immediate and startling returns from maternity and child welfare schemes will be disappointed. In Great Britain the first drop in infantile mortality was due to the improvement of the surroundings of the homes. Organised attempts to affect this improvement should be conjoined with child welfare work proper. In England the object of the welfare centre is the supervision of the healthy child and the education of the mother. In India a third object is often found necessary as the children are so often unhealthy, and the centre tends to develop into a clinic. Education of the mother will, nevertheless, continue to be a main function of the centre, and combined with house visiting must aim at teaching the mother how to secure healthy surroundings. The centres will then be doing work of inestimable value to the country.

CHIEF CAUSES OF MORTALITY.

69. The number of deaths registered under each of the ordinary compilation headings is given below.

Province.	CHOLERA.		SMALL-POX.		PLAGUE.		FEVERS.		DYSENTERY AND DIARRHŒA.		RESPIRATORY DISEASES.		ALL OTHER CAUSES.	
	Total deaths.	Ratio per 1,000.	Total deaths.	Ratio per 1,000.	Total deaths.	Ratio per 1,000.	Total deaths.	Ratio per 1,000.	Total deaths.	Ratio per 1,000.	Total deaths.	Ratio per 1,000.	Total deaths.	Ratio per 1,000.
Delhi ...	635	1.26	22	.04	1	.001	8,249	13.47	483	.90	4,879	9.74	1,373	2.74
Bengal ...	80,517	1.7	8,157	.2	59	.001	1,070,368	23.0	25,258	.6	32,367	.7	186,274	4.0
Bihar and Orissa	90,689	2.6	7,536	.2	16,504	.4	769,871	22.6	28,625	.8	7,342	.2	195,557	5.8
Assam ...	12,829	1.87	2,774	.40	...	...	107,626	15.70	11,512	1.63	9,783	1.42	36,959	5.39
United Provinces of Agra and Oudh.	149,667	3.30	1,439	.03	24,009	.53	1,361,920	30.01	17,301	.38	30,317	.67	210,792	4.65
Punjab ...	19,215	.94	4,575	.22	2,553	.13	3,162	29.62	11,826	.58	55,829	2.72	101,077	4.9
North-West Frontier Province.	4,295	2.01	576	.27	188	.03	53,833	25.21	494	.23	1,663	.78	6,469	3.03
Central Provinces and Berar.	59,331	4.19	1,787	.13	5,467	.39	327,930	23.57	43,486	3.13	41,695	3.00	133,626	9.60
Madras Presidency.	27,064	.7	9,792	.2	11,875	.3	316,019	7.7	53,621	1.3	45,160	1.1	363,346	8.9
Coorg ...	...	...	6	.04	1	.01	3,615	22.06	119	.73	173	1.06	765	4.67
Bombay Presidency.	3,521	.18	1,771	.09	4,672	.24	223,109	11.80	26,799	1.40	93,336	4.87	142,151	7.42
Burma { Lower	3,435	.51	472	.07	3,565	.53	55,830	5.27	8,119	1.20	8,198	1.21	69,305	10.26
Upper	356	.09	515	.13	838	.21	26,911	6.70	1,609	.40	3,267	.81	48,624	12.10
Ajmer-Merwara	35	.07	724	1.43	...	...	9,804	19.82	294	.59	74	.15	3,142	6.34
British India { 1921	450,608	1.87	40,446	.17	69,682	.29	4,761,237	19.72	229,576	.95	334,103	1.38	1,499,460	6.21
1920	130,110	.55	1,01,329	.43	90,368	.42	4,931,202	20.68	218,734	.92	333,669	1.40	1,541,212	6.46

FEVERS.

70. More than half the deaths are included in the group "fevers." 4,761,237 were registered under this head against 4,931,202 in 1920 and 5,468,181 in 1919.

The death rate was 19.72 per mille, as compared with 20.68 in 1920, and 25.30 the quinquennial mean.

It is still uncertain what diseases are included in this group and in what proportion they occur. A trial to separate fevers into sub-heads has begun in Bengal, Bombay and the United Provinces. In Burma it has been done for towns, and in Assam for a few towns. Although there is no pretence at accuracy the figures are worth recording. The results are given in the following table :—

	Enteric fever.	Measles.	Relapsing fever.	Kala-azar.	Malaria.	Other fevers.
Bengal ...	5,693	1,537	6,798	1,552	737,223	317,565
Bombay ..	2,835	3,599	110	...	40,905	174,972
United Provinces ...	39,049	6,322	644	168	1,071,290	244,447
Burma (towns) ...	231	253	...	...	2,648	2,775
Assam (towns) ...	14	27	...	167	325	230

It is feared that the above table throws no certain light on the percentage of fever deaths which may safely be attributed to malaria. In the Bombay,

Presidency the malaria death rate on the figures would be very low, but the figures are clearly incomplete for Gujerat, which is malarious in certain parts, records no mortality therefrom.

In Bengal and the United Provinces a large majority of fever deaths are attributed to malaria, while in Burma and Assam towns the percentages of malaria deaths to total fever deaths are 44.8 and 44.6, respectively.

A disturbing feature of the year is the increased incidence of malaria in Bombay city. The total deaths from malaria rose from a decennial mean of 264 to 545. The splenic and parasitic indices exhibited similar rises. The increased incidence was widespread. Out of 2,274 wells examined for larvæ 607 were found to be breeding larvæ; owing to a scanty water supply the coverings to cisterns were broken and in this way suitable breeding places were created.

The seasonal mortality for fevers yields indications which are of value (*vide infra*). Thus there are two definite waves every year; the first between March and June and the second between September and the end of the year. The second wave is very largely malarial, but the first is certainly not malarial in every case. There is a certain amount of evidence which suggests that the first or spring wave is influenced largely by relapsing fever. Lieutenant-Colonel Gill, Chief Malaria Officer, in the Punjab has estimated from the statistics of 1920 that the deaths in the Punjab from relapsing fever in 1920 amounted to at least 26,000. Major Cragg has come to similar conclusions about the incidence of relapsing fever in the United Provinces.

The deaths recorded from relapsing fever give no indication of its prevalence. Epidemics occurred in parts of the Central Provinces, and it is possible that in some areas it is confused with influenza. Relapsing fever was unrecognized in the Madras Presidency till November 1921, when undoubted cases were found in the Remount Depôt at Hosur. An epidemic occurred in the Tanjore district in March 1922.

The real cause of the spring wave will well repay investigation, especially if it be proved that it is largely due to relapsing fever. In this case such a simple measure as "disinsection" will help in reducing sickness and death. The war necessitated the production of a cheap, portable and simple apparatus for disinfection, and a current steam disinfecter is now on the market which can be carried on a man's back or on a bicycle. An apparatus of this kind should prove invaluable in India, and, after its utility and economical use has been proved in India, should be in the hands of every local authority in India. The work of demonstration might well be taken up by a voluntary organization, such as the Indian Red Cross Society.

The incidence of typhus fever is unknown. It has for years been recognized in submountain districts, but how far it affects the general population is a matter of doubt. The epidemiological units referred to in the introductory remarks could in a comparatively short time provide valuable information on the incidence and distribution of these two diseases and the almost certain saving of sickness and death would more than repay the cost of maintenance.

Measles is a disease well known in India, and is, so far as statistics go, mainly a town disease. In the Bombay Presidency it adds very appreciably to the mortality of certain towns: thus, the death rate from measles in Parola was 3.64, in Bhūsawal 3.17, in Sholapur 2.40, in Ahmedabad 2.29, in Chalisgaon

2.25, in Dhulia 1.59, in Poona 1.52, in Dharangaon 1.48, in Hyderabad 1.47, in Chopda 1.18 and in Mehmabad 1.13. In Ahmedabad especially it was found that cases grouped themselves round schools.

KALA-AZAR.

71. Deaths as follows were reported :—

Assam	..	..	..	..	..	2,987
Bengal	..	..	..	..	..	1,552
United Provinces	..	..	..	..	..	168
Madras city	..	..	..	..	..	24

In Assam kala-azar work has absorbed the greater part of the energies of the Department. Eight assistant surgeons and 35 sub-assistant surgeons were on special duty. Accommodation for 382 in-door patients was available. For out-patients there were 23 special dispensaries, 33 subsidiary treatment centres, and 6 Government and 43 Local Board dispensaries. The total number treated during the year was 15,880, of whom a certain number were, in the opinion of the Director of Public Health, cases of chronic malaria.

However, efficient treatment may be, the disease can never be eradicated entirely thereby, so long as the chance of re-infection due to unsatisfactory surroundings exists. The Director of Public Health rightly points out that infected families should be removed from infected sites owing to the known persistence of site infection. Removal of village sites is an expensive measure, but is the only means of eradication of the disease under existing knowledge. Its expense renders its wide application impracticable. It is to be hoped that the investigation into the carrier of the disease now being carried out under the Indian Research Fund Association will be crowned with success, for, until the carrier is definitely known prevention is more or less empirical.

In Bengal the kala-azar survey continued, and 639 infected villages were found out of a total of 2,807 examined in 13 districts. The average number of cases per village was 2. The cases were mainly among men.

The main facts about fever deaths in the Provinces are as follows :—

In Bengal the death rate was 2 per mille below the figure for 1920, but practically the same as the mean. January was the most unhealthy month in continuation of the 1920 epidemic. There was a sharp rise in March, after which there was a steady fall till August. The autumnal wave reached its height in November. The fever mortality curve differed very little from the decennial mean except that in 1921 the spring wave was slightly higher, and the autumnal wave slightly lower than the average.

Bihar and Orissa.—The death rate was slightly in excess of that in 1920, but markedly below the quinquennial mean. This province suffered severely from the 1918 influenza epidemic, which explains the comparative height of the mean. The maximum mortality occurred during March and April. The mortality then fell to a minimum in July. The autumnal wave, which was distinctly lower than the spring wave, lasted from August to November.

Assam.—The death rate was nearly three per mille below the 1920 figure, and nearly five per mille less than the mean. The major wave was between April and July with a maximum in May. There was a minor wave in the last quarter of the year.

United Provinces.—The death rate was practically the same as in 1920, and much below the quinquennial mean. There was a very marked wave between April and June with the maximum in June. The second wave, in which the mortality was higher than in spring, commenced in September with a maximum in October and November.

Punjab.—The death rate was higher than in 1920, but in common with most other provinces which suffered severely in 1918, much below the mean. The spring wave was fairly marked and reached a maximum in May. The autumn wave was more intense with a maximum in October.

North-West Frontier Province.—The death rate was 7 per mille in advance of the 1920 figure, but much below the mean. The autumnal wave was very marked with a maximum in October. This Province suffered severely from malaria.

Central Provinces.—The death rate was below the 1920 figure and nearly 10 per mille below the mean. The spring rise was between April and June with a maximum in May. The autumnal rise was severe and lasted from August to November with a maximum in September.

Madras Presidency.—The death rate was practically the same as in 1920, and 3.5 per mille below the mean. The spring wave consisted of a sudden rise in May, the month in which the largest number of fever deaths was recorded. A smaller wave occurred in August and September.

Bombay Presidency.—The death rate was well below the figure for 1920, and over 12 per mille below the quinquennial mean. 1921 was the healthiest year Bombay has known for 30 years. The highest mortality was in March. Towards the end of the year there was a minor wave with a maximum in November. Malaria was severely prevalent in Sind towards the end of the year.

Burma.—The mortality from fevers was markedly below the 1920 figure and the mean. In Lower Burma there was a wave in July and August. Malaria was much less intense than usual.

These facts indicate the desirability of investigating the main cause underlying the spring rise in fever mortality. It is perhaps not too much to say that although the heading fevers includes undiagnosed cases of practically all diseases connected with fever, the two main diseases for India as a whole are relapsing fever and malaria. The eradication of the former is a question of disinsection and personal cleanliness : of the latter efficient treatment of the sick, and anti-mosquito measures which may involve major drainage works costing large sums.

The efficient treatment of the sick is intimately connected with the demand for quinine and consequently its market price. The market price of quinine has fallen to some extent, but it is still too high to permit of more than a small percentage of sufferers from malaria receiving an amount sufficient to cure. The work under the Indian Research Fund Association of Major Sinton, I.M.S., on the most economical and efficient method of administering quinine is therefore of the highest importance to India and deserves the close attention of all engaged in treating malaria cases. Even should his work lead to a smaller weight of quinine per case being used there is no doubt that the efficient treatment of all malaria cases in India would make a serious inroad on the world's supply of quinine and tend to raise the market price. A standard treatment for India is desirable both for efficiency and economy.

The only radical method of overcoming the tendency for demand to increase the market price is for the Government of India to undertake cinchona cultivation sufficient for the needs of India. This policy has received much attention in recent years. Should the new area under cultivation in Burma prove successful there is hope of ultimate realisation. At present quinine production in India depends on areas of cinchona cultivation under the Bengal and Madras Governments, which can only supply a fraction of the present demand. There can be no question, but that the provision of a cheap quinine for the needs of all India is a function of the Central Government, and it is satisfactory to note that in cinchona cultivation action has been taken. The Government of Italy has shown what can be done in malaria control by centralising the issue and manufacture of quinine products. There is considerable profit in the enterprise, and this profit in Italy is ear-marked for anti-malarial work. If this system were adopted in India the profit realised by the sale of quinine should be available for anti-malarial work over the whole of India, and not be limited to those Provinces in which the cultivation of cinchona is possible.

Apart from the treatment of patients in hospitals and dispensaries the following measures were taken to bring quinine within the reach of the people :—

Bihar and Orissa.—664 lbs. were sold mainly through the agency of Postmasters. Owing to the high price of quinine it is proposed to substitute cinchona febrifuge.

United Provinces.—Quinine to the value of Rs. 15,067 was sold by post offices, and other officials. 209 lbs. of quinine were issued for free distribution for curative treatment in malaria infected districts. Prophylactic use was limited to the police and to some schools, for this purpose 119 lbs. were used. 300 lbs. were supplied to travelling dispensaries.

Punjab.—No actual figures are available, but local bodies distributed a good deal free of cost.

Central Provinces.—1,582 lbs. of quinine were issued by the jail factory mainly in the form of 4 grain tablets for sale by vendors. In poorer tracts quinine was given free. The epidemic dispensaries treated many cases in districts in which malaria was very rife towards the end of the year.

Bombay Presidency.—The sale or free distribution of quinine by district local boards, municipalities and post offices amounted to 2,949 lbs. The local Government provided Rs. 49,084 for the purchase of quinine, and quinine tablets to the value of Rs. 33,000 were distributed free to the general public and to school children.

Burma.—Cinchona febrifuge was issued in place of quinine. About 3,030 lbs. were used in all of which 60 lbs. were distributed free. In future the drug will be issued in the form of “ treatments,” instead of as separate tablets.

These figures show how much yet remains to be done to make quinine readily available to the mass of the population in India.

ANTI-MALARIAL MEASURES.

72. *Assam.*—The scheme for the protection of Lunding was completed in 1920 at a total cost of Rs. 1,44,622. It consists mainly of a drainage system comprising the draining of swamps, and the filling in of tanks.

At Pasighat it was found that the carrier was (*A.*) *maculatus* whose breeding places were confined to a stream separated from the station by about 1,000 yards of uncleared jungle. The measures adopted have been jungle cleaning, training of the stream, and regular treatment of the water with larvicide. The operations were carried out at the expense of the local Government. It is reported that both these projects have been associated with reduction in malaria incidence. Towards the end of the year Lieutenant-Colonel Christophers visited sugar estates in Kamrup to advise on possible measures. A scheme in accordance with his advice is being worked out.

Bengal.—It is reported that the Jungipur flood and flush scheme has been attended by considerable improvement in general mortality, infant mortality and malaria mortality. The splenic index has also been reduced. The area controlled by the Bunka Vally scheme reports a reduction in the splenic index of 3.5 per cent. against a rise of 2.3 per cent. in adjacent areas. The results of the Meenglass and Singman schemes are at present difficult to estimate.

The malaria department completed the survey of one tea garden, 5 collieries, 20 municipalities and 450 villages during the year. The anti-malaria co-operative societies are making steady progress. Some 25 trained societies are now in existence. This is a movement which augurs well for the future.

Bihar and Orissa.—The Director of Public Health advocates the combination of agricultural improvement with sanitation, by draining or flooding marshes “ * * * the cultivation of waste lands as far as possible and the intensive cultivation of good lands.” He suggests the appointment of a Committee to tour the fever districts and report.

Malaria is an important question for this province especially in connection with industrial development. The return from such development will amply repay the cost of an enquiry conducted on sound lines.

United Provinces.—The Director of Malariology devoted a considerable portion of his time to the eradication of mosquito breeding grounds and quinine prophylaxis at the Sarda Canal and its head works. It is stated that as a result of measures the works were kept going till July.

Anti-malaria works at Saharanpur, Nagina and Meerut are reported to have had good results. At Kosi an estimate has been prepared for lowering the bed of the canal. A survey was made of Moradabad and a report is under preparation.

Punjab.—The Director of Public Health writes “ The broad question of reducing the mortality from malaria by comprehensive drainage schemes is occupying the attention of the Drainage Board. One such project—the Sarusti Nala—is under construction and others, notably the Hudlara Nala project, have been prepared. These projects which will eventually provide efficient drainage channels maintained by the Irrigation Department are of prime importance and should have first call on revenues available for large public health projects.”

This extract details a very wise policy, and shows the value of close co-operation between the Public Health and Irrigation Departments. Some minor works, such as the filling in of depressions, were carried out by the Lahore, Jhelum, Pind Dadan Khan, Mianwali, Montgomery and Gujrat municipalities, and Nankana Sahib Notified Area Committee.

Central Provinces.—No important measures were taken up for want of funds. Minor works for reduction of breeding grounds were carried out in Pachmarhi, Seoni, Khandwa, Narsinghpur and Nagpur.

Bombay Presidency.—Considerable sums were spent on filling up breeding grounds by the Karachi, Sukkur, Hyderabad and Ahmedabad municipalities. Smaller sums with the same object were expended by Hubli and Bijapur municipalities. In Bombay city the policy of filling or covering wells and of providing gratings for storm water drains was continued. Up to the end of 1920 out of 4,958 wells, 888 wells had been filled in, 964 hermetically covered, and 1,608 covered with trapdoors. In 1921, 32 were filled in, 5 hermetically covered and 9 covered with trap-doors. Four big tanks were filled in, and several large low-lying plots of land in three wards were raised.

INFLUENZA.

73. Mortality during the year was low. Localised epidemics occurred, but the type was not severe.

Bengal.—The mortality in Calcutta city was 1.0 per mille of population. Over the whole of Bengal 4,571 deaths were recorded. Darjeeling apparently suffered from a severe epidemic.

No mention of influenza is made in the annual report of Bihar and Orissa. The disease was prevalent to some extent in the jails.

Assam.—3,170 deaths were reported, but no acute epidemic was reported. In 1920 the number of deaths was 5,362.

United Provinces.—Outbreaks were reported from 26 districts, but were of mild type and short duration.

Punjab.—408 deaths were recorded. 30 per cent. of the deaths occurred in the Kangra district. In the remaining districts infected the disease was of a mild catarrhal type with no pulmonary complications. Simla proved an exception. During the epidemic in April and May 20 Indians died. At the end of the year there was a sharp outbreak of mild catarrhal type in Rawalpindi.

North-West Frontier Province.—Scattered cases of mild type were reported from Dera Ismail Khan, Bannu and Kohat districts.

Central Provinces.—Cases of mild type were reported from most districts.

Bombay Presidency.—3,679 deaths were recorded. The Director of Public Health publishes a table giving the excess deaths from respiratory diseases over the mean. The rise in respiratory diseases mortality commenced in 1916. A portion of the table is copied below :—

—	BOMBAY CITY.			PRESIDENCY.		
	Respiratory diseases Excess.	Influenza.	Total.	Respiratory diseases Excess.	Influenza.	Total.
1916	749	...	749	17,701	...	17,701
1917	2,661	...	2,661	28,486	...	28,486
1918	13,104	3,847	16,951	57,499	3,847	61,346
1919	15,286	1,942	17,228	36,452	1,942	39,394
1920	10,115	1,577	11,692	34,305	16,690	50,995
1921	13,218	1,378	14,596	31,155	3,679	34,834

The inference is that the total comprising excess deaths from respiratory diseases and recorded mortality from influenza more really represents the actual influenza mortality than does the recorded influenza mortality alone.

It has been suggested before that influenza in 1918 did not make a sudden descent on India, but had been gradually developing in the country : the figures given in this table are therefore interesting.

The great increase in the mortality from respiratory diseases especially in Bombay city is deserving of close investigation.

Burma.—Outbreaks were localised and of a mild type.

RESPIRATORY DISEASES.

74. The figures given above indicate that the mortality from respiratory diseases, which has shown a rise in recent years over certain parts of India bears some relation to the epidemic of influenza. The following table shows that respiratory diseases in a few provinces have become an important factor in mortality.

						1921.	
						Death rate.	Mean.
Bombay Presidency	...	...	...	...	...	4.87	4.96
Central Provinces.	...	..	...	...	...	3.00	3.47
Punjab	...	...	...	...	...	2.72	2.42
Assam	...	...	...	...	...	1.42	3.98

In Bengal, Bihar and Orissa, the United Provinces, and the North-West Frontier Province the recorded mortality from respiratory diseases was less than 1 per mille : as the mean death rates for these Provinces are also low, even lower than the 1921 rates, it is possible that deaths from influenza and respiratory diseases in these Provinces are included under the heading “ fevers ”.

In certain cities respiratory diseases cause heavy mortality : thus—

							Death rate.
Bombay city	..	..	..	..	..	..	18.69
Calcutta	..	..	..	..	..	..	11.3
Madras	..	..	..	..	..	..	6.7
Rangoon	..	..	..	..	..	..	6.55
Delhi	..	..	..	..	..	..	15.17
Howrah	..	..	..	..	..	..	8.5
Poona	..	..	..	..	..	..	22.45
Surat	..	..	..	..	..	..	13.73
Ahmedabad	..	..	..	..	..	..	16.47
Karachi	..	..	..	..	..	..	6.73
Agra	..	..	..	..	..	..	13.43
Cawnpore	..	..	..	..	..	..	7.27
Allahabad	..	..	..	..	..	..	10.58
Lucknow	..	..	..	..	..	..	15.31
Jubbulpore	..	..	..	..	..	..	14.15
Nagpur	..	..	..	..	..	..	9.65

These figures give food for thought, especially in view of the tendency to increase. Again there is ample reason for investigation, and another argument for the employment of epidemiological units.

PNEUMONIA.

75. As a separate heading has only recently been adopted by a few Provinces. The death rates recorded have been as follows :—

	Urban.	Rural.	Total.
Bengal Presidency	1·9	0·1	0·2
Bombay „	5·35	0·24	1·23
United Provinces	1·76	0·01	0·12
Burma (towns only)	2·44	...	...

It must not be supposed from this that pneumonia is a rare disease in rural areas. The prominent symptom of pneumonia is often fever and fever is given as the cause of death. Pneumonia is known in epidemic form in Sind, Punjab, and North-West Frontier Province, and the majority of deaths are included under the heading fevers.

In towns it is different and in some towns very high death rates from pneumonia are recorded : thus—

	Death rate.
Calcutta	3·5
Howrah	3·6
Bombay	12·92
Poona	14·36
Hyderabad (Sind)	7·04
Agra	6·17
Lucknow	8·06

TUBERCULOSIS—PULMONARY.

76. Like pneumonia this is very largely a town disease : figures are available for a few provinces only.

	Urban death rate.	Rural death rate.	Total.
Bengal Presidency	0·9	0·03	0·1
Bombay „	1·57	0·68	0·85
United Provinces „	1·49	0·01	0·1

It has been noted for some years that rural areas which supply workers for big cities are being gradually made centres for tuberculosis. Thus Kolaba and Ratnagiri districts the recruiting centres for Bombay city returned death rates of 1·59 and 2·66. High rural death rates were also found in Surat (1·06),

Kaira (1.92) and Ahmedabad (1.36) districts, all of which are intimately connected with industries either in Guzerat or Bombay city.

Turning to cities high death rates were returned from—

						Death rate.
Bombay city	..	..	..	..	..	1.26
Calcutta	..	..	..	..	..	2.3
Delhi	..	..	..	..	..	1.55
Farrukhabad	..	..	..	..	..	5.11
Lucknow	..	..	..	..	..	4.45
Allahabad	..	..	..	..	..	3.37
Nainital	..	..	..	..	..	3.17
Agra	..	..	..	..	..	3.02
Hyderabad	..	..	..	..	..	4.05
Surat	..	..	..	..	..	3.75
Poona	..	..	..	..	..	3.47

The comparatively low death rate in Bombay city must be read in conjunction with the high rates in neighbouring rural areas.

The gradual infection of rural areas cannot be viewed with equanimity. Bombay city is not the only danger : all the larger towns attract visitors. It is just as unsatisfactory to note that two important pilgrim centres—Nasik and Dakore—in which pilgrims are housed in more or less crowded boarding houses, return tuberculosis death rates of 3.02 and 3.5, respectively.

PROVISION FOR TREATMENT OF PHTHISICAL PATIENTS.

77. *Bombay Presidency.*—In Bombay city the King George V Anti-tuberculosis League is at work. In connection with it are two dispensaries and the Bhoiwada hill sanatorium.

During 1920 and 1921, 1,909 new patients were treated at the dispensaries, and many domiciliary visits were paid by medical staff and nurses. 143 patients were admitted to the sanatorium, in which there are 32 beds. The aim is to keep patients for a short time. Twelve beds are reserved for advanced cases.

There are private sanatoria at Deolali, Panchgani, Kurla and at Vengurla. The first named is for 26 *Parsi* patients. During 1921, 76 patients were admitted to the Belair sanatorium at Panchgani. The patients here are accommodated in 14 blocks of buildings. The sanatorium at Kurla is for Hindus. The Vengurla sanatorium is managed by the American Presbyterian Mission, and has accommodation for 12 patients, which will be raised shortly to 18.

In Karachi city there is the Shevaram Ramrakhenmal anti-tuberculosis dispensary. It has just completed its first year of work. 365 patients were treated, and 11,361 houses visited.

Special wards have been proposed in connection with the Jamshedjee Jeejeebhoy and Cama Hospitals in Bombay city, and the civil hospitals at Dharwar, Ahmedabad, Karachi and Hyderabad. The ward at the Cama Hospital is half built, but the erection of the remaining wards has been postponed for want of funds.

Madras Presidency.—In Madras city the King Edward VII Memorial Tuberculosis Institute was opened in 1916. The out-patient dispensary treated 3,352 persons during 1920-21.

The tuberculosis hospital in Madras city has accommodation for 45 patients (27 female and 18 male). This hospital is intended for early cases.

Special wards exist in connection with the Government General Hospital in Madras city and the civil hospitals at Tanjore and Madura.

The Union Mission work a sanatorium at Madanapalle, with accommodation for 125 patients. During 1920-21, 251 patients were admitted.

Punjab.—Special wards are attached to the Mayo hospital Lahore and the Walker hospital, Simla. In the former there are 12 male and 8 female beds. The King-Edward Sanatorium is situated at Dharmapore in the Simla hills : it provides accommodation for 82 patients.

Bengal.—Special accommodation exists as follows :—

Hospital.	No of beds.	In-patients treated.	Out-patients treated.
<i>Calcutta</i> —			
Medical College Hospital	24	334	660
Presidency General Hospital	24	65	37
Burdwan Fraser Hospital	8	12	...
Birbhum Sadar	4	6	...
Bankura	4	5	...
Nadia	2	28	...
Jessore	4	20	...
Tipperah	4	3	...
Noakhali	2	12	...
Rajshahi	4	6	...
Dinajpur	4	10	...
Jalpaiguri	6	39	...
Rangpur	6	2	...
Bogra	1	...	...
Pabna	4	2	...
Darjeeling Victoria Hospital	8	28	...

At Darjeeling there is a small sanatorium.

North-West Frontier Province. A Tuberculosis Institute was opened in Peshawar in July 1921. It is an out-patient dispensary.

Central Provinces.—Tuberculosis cases are admitted to a special block in connection with the Mayo hospital in Nagpur. This block is not reserved for such cases. There is a sanatorium at Pendra in the Bilaspur district, which is worked by a Mission. The accommodation is for 40 women in 2 wards, and for 3 families in private blocks. A male ward is under construction.

Bihar and Orissa.—Special wards exist at the Patna General Hospital and the Chapra, Bhagalpur and Ranchi civil hospitals. These have been placed at some distance from the general wards, and are unpopular and empty. New wards close to general wards are under erection at Muzaffarpur, Hazaribagh, Gaya and Daltonganj.

The establishment of a sanatorium at Hazaribagh has been postponed for lack of funds.

United Provinces.—Special wards exist at the following places :

Cawnpore	...	...	Ward for	...	10 patients.
Muzaffarnagar	...	...	1 cottage	...	8 „ treated.
Sitapur	...	...	2 rooms	...	2 „
Jhansi	...	...	3 „	...	little used.
Bulandshahr	...	...	8 beds	...	
Babraich	...	...	4 „	...	in 2 wards (8 patients in 1921.)
Bijnor	...	...	2 „	...	
Saharanpur	...	...	1 ward	...	
Lucknow	...	...	12 beds	...	in special branch of King George's Hospital.
Meerut	...	...	5 beds.	...	
Agra	...	...	12 „	...	in Thomson hospital.

King Edward VII Sanatorium is situated at Bhowali. It has 65 beds.

There is also a small sanatorium at Almora to which 38 patients were admitted during last year. 15 remained under treatment at the end of the year.

Central India.—Special wards are attached to the King-Edward Hospital at Indore (10 beds), Agency hospital at Bhopal (120 cases treated in 1921), and hospital at Nowgong (40 cases treated in 1921).

A small sanatorium exists in the Barwani State, but has not yet been used. A scheme is under consideration in the Dhar State. A sanatorium at Rao is maintained by the State and has accommodation for 25 patients.

CHOLERA.

78. The number of deaths registered from cholera came to 450,608, giving a death rate of 1.87 per mille. It was a bad year for North-West and Central India, and the North-West Frontier Province, Punjab, the United Provinces, Central Provinces and Delhi suffered very severely.

In the North-West Frontier Province and Delhi it was the worst year on record ; in the Punjab and Central Provinces the worst since 1900, and in the United Provinces since 1906. In Bengal the incidence was up to the average and in Bihar and Orissa the death rate, though high (2.6), was well below the mean 3.1. Over the remainder of India the mortality was lower than usual.

Bengal.—80,547 deaths were registered, or 5.47 per cent. of the total mortality. The year opened with heavy mortality in January : a continuous fall to a minimum in September was spoilt by a rise in March and April. Epidemic conditions were suddenly established in October and the mortality reached a maximum of 16,383 in November. The Director of Public Health points out that during the past decade the cholera deaths are 27 per cent. less than those registered in the previous decade. Should this fall be due to increased public health activity it is a matter for satisfaction, but any relaxation of such activity in the future will be revealed by an increased incidence of cholera. Many of the District Boards in Bengal took active measures in the prevention of epidemics, and over 9,000 wells and 925 tanks were disinfected.

In Calcutta 1,999 deaths were registered or 2.2 per mille of population. During the last two years the epidemic curve has exhibited two peaks in the first half of the year—one in March or April, and the second in May or June. The Executive Health Officer of the city is convinced that the infection is mainly water-borne, and explains the second peak by the practice of drinking unfiltered water owing to the shortage of filtered water at that period of the year. Calcutta will have a greatly extended water supply, and it is hoped that close consideration will be given to the desirability of chlorination, whereby the death rate from cholera in the city should be practically eliminated.

Bihar and Orissa.—90,688 deaths were registered. The epidemic was explosive in July and August and chiefly affected the Patna Division in which a death rate of 11.1 was recorded as compared with 2.6 for the whole province and a mean of 3.1. The Director of Public Health reports that the use of permanganate of potash and chlorinated lime for the disinfection of wells has now become general and is appreciated.

A special staff was appointed to deal with the Rath Jatra festival at Puri and the Sonepur fair. The Puri pilgrimage perhaps distributes more cholera than any other pilgrim centre. Capital expenditure on major sanitary works is urgently required, but is delayed by financial stress.

4,809 coolies for tea gardens were vaccinated against cholera, but no figures relating to their subsequent history are available. 18,700 doses of vaccine were also issued to Civil Surgeons.

Assam.—The monthly incidence showed two waves, one in April and May and the second in the last quarter of the year. The spring epidemic was chiefly evident in the Surma valley, but in the autumn wave the districts of the Assam valley also suffered.

The Director of Public Health states the spread of cholera was connected with unprotected water supplies. Among towns the heaviest mortality was experienced in Gouripur (7.42), Habiganj (5.57), Karimganj (5.27), Dhubri (4.62) and Goalpara (3.05). None of these has a protected water supply; the danger of existing supplies is augmented by primitive conservancy arrangements. For the province as a whole 77 per cent. of registration circles and 10 per cent. of villages reported cases.

United Provinces.—The number of deaths rose in April and May, but seemed to receive a check in June. This was only apparent, for, the epidemic increased with explosive violence in August, and during this month more than 1-3rd of the mortality occurred. The Director of Public Health considers that 50 per cent. of the mortality was due to infection with paratyphoid *B*. The epidemic was very widespread in the Rohilkhand, Benares, Gorakhpur, Kumaon, Lucknow and Fyzabad Divisions. In these divisions 88 per cent. of registration circles and 10.9 per cent. of villages were infected.

Punjab.—Epidemics of cholera are always instructive in this Province, for, cholera is absent for many months at a time and it is often possible to trace the introduction of infection. In 1921 the original source of infection was in many cases the Hardwar pilgrimage.

In the annual report of the United Provinces it is stated that Adh Kumbh at Hardwar took place between 1st to 15th April and that only sporadic cases occurred. The Director of Public Health, Punjab, writes as follows: "The province was entirely free of cholera during the first three months" * * * Later in the month (April) deaths occurred in the following districts: Rohtak, Ambala, Hoshiarpur, Lahore, Amritsar, Gujrat, Jhelum, Jhang and Multan—

the first deaths in practically all centres being those of persons infected in Hardwar. * * * Kangra district was infected by a party of pilgrims returning from Hardwar. The epidemic prevailed from 25th April to the end of October causing 5,746 deaths". This is quite a good example of the lack of respect infection has for provincial boundaries, and the necessity for central action to limit the spread of epidemic disease from province to province.

The Director of Public Health quotes an interesting example of water-borne infection. All the villages between Musakhel and Mianwali derive their water from a canal coming from a hill reservoir. The canal was infected and the result was an explosive epidemic in all the villages.

The epidemic resulted in 19,210 deaths in the Province, and the maximum mortality was reached in September. The epidemic in Kangra caused a mortality of 7.51 and 37 per cent. of villages were infected.

North-West Frontier Province.—The epidemic in this Province is also indirectly due to Hardwar. Thus, in Hazara district the infection was brought from the Punjab at the end of April by Sikhs attending the Divan festival. 2,116 deaths were recorded in this district. Kohat district was infected direct from Hardwar and 695 deaths resulted. Peshawar district infected from Kohat. The infection to Bannu district came *via* Mianwali district in the Punjab.

The death rate in this province was 2.01 per mille against a mean of .001.

Anti-cholera vaccination was mainly relied on to prevent the spread of infection and 45,000 people were vaccinated. A full dose had to be given in one injection, as people will not return for a second dose.

Madras.—27,064 deaths were registered, giving a death rate of 0.7 against 0.8 in 1920 and a mean of 1.6 per mille. The Director of Public Health has prepared a series of charts showing the monthly incidence of deaths from cholera in the different districts. In the northern districts influenced by the south-west monsoon the curve rises to a sharp peak during June, July and August, the monsoon period. In the southern districts influenced by the north-east monsoon the curve reaches its maximum in December and January. The eight cholera parties were fully employed during the year. Wells are now disinfected with chlorine instead of with permanganate of potash.

Central Provinces.—58,331 deaths were registered giving a ratio of 4.19 per mille. There was great scarcity of water in the early months of the year, many of the wells were dry and people were forced to drink dirty stagnant water from streams. The introduction of infection into these stagnant supplies was therefore liable to cause disaster.

In the northern districts of the province infection was brought by people returning from the Bandakpur fair in Damoh district. In the eastern districts infection was introduced by persons attracted by the famine relief works. Wardha and Chanda districts were infected from the Godavari fair. People returning from the Kumbha mela in Ujjain brought infection to Akola. The above is a further demonstration of the introduction by infection by movements of the population, particularly pilgrims. 12 per cent. of the villages in the Province reported cases, but in Seoni and Mandla districts the percentages were 36.7 and 40.4 respectively.

13,085 persons were vaccinated : these were chiefly police, prisoners, tea garden emigrants and coolies working for the Public Works Department.

Bombay Presidency.—3,521 deaths were recorded giving a death rate of 0.18 against 0.10 in 1920 and a mean of 1.01.

The pilgrimage at Ujjain was also responsible for introducing infection into the Presidency and might have had disastrous results, for certain pilgrims took the infection to Nasik while the Sinhast festival was still on. Fortunately the special sanitary organisation at Nasik was able to deal satisfactorily with the emergency. Financial stringency necessitated the abandonment of the scheme directed against the spread of cholera, the essence of which is the disinfection of water supplies under the direction of "Instructors". In Sind 16,116 persons were instructed and in the Presidency 14,000 approximately. The Instructors also visit markets and inspect good stuffs, disinfect infected houses, and give public lectures to diffuse knowledge of preventive measures. It is a pity that financial stringency should interfere with the development of a scheme with such great potentiality in benefiting public health.

DYSENTERY AND DIARRHŒA.

79. 2,29,576 deaths were registered, giving a death rate of 0.95 against 0.92 in 1920 and a mean of 1.09. These diseases are essentially monsoon diseases, that is, there is a marked peak in the curve between July and September. If that peak can be cut off a marked reduction in mortality will be manifest.

There is evidence that these diseases are mainly water-borne. Some interesting figures are available showing how the monsoon peak is influenced by the chlorination of water supplies. The Director of Public Health, Bombay, publishes in his report a chart showing what has been done in Sholapur as a result of piping the water supply.

SMALL-POX.

80. Deaths numbered 40,446, of these 67 per cent. occurred in the first five months of the year.

The death rate was 0.17 against 0.42 in 1920 and 0.38 the mean.

Bengal.—8,157 deaths were registered against 36,190 in 1920, and 37,010 in 1919. 1921 was therefore the first year in the usual quiescent period after years of epidemic intensity.

Bihar and Orissa.—Experienced a mild year. The death rate was 0.2 against a mean of 0.3.

Assam.—1,141 out of the 2,774 deaths were reported from Darrang district. The epidemic was confined to districts in which vaccination had been neglected.

Only 3 deaths occurred in the towns. For the province as a whole only 3 per cent. of villages reported cases, but the percentage for Darrang district was 12.9.

United Provinces.—Only 1,439 deaths were registered. The death rate was 0.03 against 0.13 in 1920 and 0.10 the mean.

Punjab.—Deaths numbered 4,575 giving a ratio of 0.22 per mille as compared with 0.48 in 1920 and 0.31 the mean. The Director of Public Health is of opinion that the epidemic wave which started in 1919 is now over.

The mortality in towns in which the Vaccination Act is in force was 0.34. This high rate was due to an epidemic in Multan city causing a death rate of 2.96.

North-West Frontier Province.—576 deaths were registered. There was no epidemic—only scattered cases throughout the year.

Madras.—Deaths numbered 9,792 giving a ratio of 0.2 per mille as compared with 0.3 in 1920 and 0.8 the mean.

In Madras city a large number of cases were reported during November. In the city 569 cases with 180 deaths were reported during the year.

Central Provinces.—Disease was not epidemic and caused 1,787 deaths.

Bombay.—Deaths numbered 1,771 giving a ratio of 0.09 against 0.16 in 1920 and 0.24 the mean.

Enquiry was made into 1,725 cases of small-pox. 657 were vaccinated and 40 died : case mortality 6.09. 1,068 were unvaccinated and 204 died : case mortality 19.20. The average age of the vaccinated persons attacked was 15 and of the unvaccinated 8 years.

Burma.—985 deaths were reported, giving a ratio of 0.09 against a mean of 0.18.

Percentage of deaths in children under ten is given below :—

Province.	PERCENTAGES.		TOTAL.
	Under 1 year.	Between 1 and 10 years.	Under 10 years.
Bengal	10.3	23.7	34
Bihar and Orissa	11.4	17.6	29
Assam	12.2	16.7	28.9
United Provinces	30	48	78
Punjab	27	44	71
North-West Frontier Province	22	57	19
Madras	36	34	70
Central Provinces	27	42	69
Bombay	20	37	57
Burma	7.6	20.4	28

PLAGUE.

81. The year witnessed another great reduction in the incidence of plague : only 69,682 deaths were reported in British India and 11,839 in Indian States making a total of 81,521. The mean mortality calculated on 20 years is 500,000 approximately. In 1920, 140,259 deaths were registered. These figures must not produce too sanguine a spirit : the reduction is not due to preventive measures entirely, but perhaps mainly to natural causes such as unfavourable climate conditions, scarcity of food and perhaps a growing immunity among rats. The increasing death rate in towns, for instance in Bombay city the deaths numbered 807 against 281 in 1920, and the existence of a larger number of infected foci towards the end of 1921 indicate the possibility of enhanced mortality

in 1922-23, provided climatic and agricultural conditions are not unfavourable. This possibility renders the abandonment of certain experimental investigations by reason of financial stress all the more regrettable. These experiments will be referred to later.

Bengal.—59 deaths were registered against 66 in 1920. Plague is confined to Calcutta and its environs, and in 1921, but for one case in August, the epidemic in Calcutta was over by June.

Bihar and Orissa.—16,504 deaths were registered against 19,108 in 1920. The death rate was 0.4 against a mean of 0.9. The Orissa and Chota Nagpur Divisions were free or almost entirely so. Plague deaths are reported throughout the year, but the epidemic period really extends from December to April or May. The height is usually reached in March.

United Provinces.—24,009 deaths against 24,872 in 1920. The death rate was 0.53 against a mean of 1.69. The urban mortality was 0.03 and the rural 0.56. An anti-rat campaign was carried out in Azamgarh, Ghazipur, Ballia and Gorakhpur districts. Travelling dispensaries, which now number 111, worked in infected areas. 14,906 persons were inoculated mainly through the agency of travelling dispensaries.

Punjab.—Deaths numbered 2,896 and the province experienced the mildest epidemic since plague first made its appearance : the nearest approach was in 1916 when 4,151 deaths was recorded. Another remarkable incident is that for the first time, the whole province was free from infection for a period of 14 weeks between June and September.

13,559 inoculations were performed. Rat destruction operations on a fairly large scale especially in quiescent period were carried out.

A special plague staff was employed consisting of one special medical officer, 20 Assistant Surgeons, 2 Sub-Assistant Surgeons and 12 plague Supervisors. Much medical relief to villagers is given and some 26,906 patients were treated during the year.

North-West Frontier Province.—Plague was confined to the Peshawar district in which 138 deaths were recorded in April and May. The death rate in the province was 0.06 against a mean of 0.10. 961 persons were inoculated and the epidemic did not spread. Peshawar city reported 2 imported cases in November and December.

17,259 rats were destroyed in Peshwar city, 4 per cent. of those examined in the first 4 months of the year were infected. During the last quarter only 3 infected rats were discovered out of 2,053 examined.

Madras Presidency.—11,875 deaths were registered against 14,652 in 1920.

The death rate was 0.3, the same as the quinquennial mean.

628 towns and villages were infected against 525 in 1920.

Central Provinces.—Out of 5,467 deaths 4,307 were registered in Jubbulpore district and 2,976 of these occurred in Jubbulpore town. Evacuation was largely impracticable owing to swamping of the camping grounds. 10,000 persons were inoculated. Nagpur town escaped in spite of 5 imported cases. 59,937 rats were caught by trapping and 308 poisoned by baits at a cost of Rs. 12,194. 17,602 persons in all were inoculated in the province.

Bombay.—Deaths numbered 4,672, by far the lowest mortality since plague appeared. The rat trapping operations in Satara city which have been conducted for so many years were abandoned in February for lack of funds.

The special operations in Belgaum and Dharwar districts were continued on a restricted basis, and were ultimately discontinued in 1912. Dr. Strickland who was in charge of the operations, concludes that by such means the absolute prevention of plague is well within reach.

39,208 persons were inoculated.

Burma.—Deaths numbered 4,403 against 5,483 in 1920. The death rate was 0.41 as compared with 0.67 the mean.

3,493 deaths occurred in towns.

In Rangoon and some of other towns two distinct crests are seen in the plague curve : one in the spring and the other in July or August. The former usually predominates.

RAT PLAGUE.

82. In Bombay city 708,587 rats were collected and destroyed. The result of examination and comparison with human plague is given in the following table :—

Month.			No. of rats examined.	No. infected.	Per cent infected.	Human deaths.
January	...	...	31,626	533	1.68	4
February	...	...	31,627	1,015	3.20	23
March	...	...	32,863	2,849	8.66	132
April	...	...	41,932	4,132	9.85	342
May	...	...	32,659	1,458	4.33	18
June	...	...	24,513	395	1.61	34
July	...	...	25,288	246	0.97	18
August	...	...	22,526	186	0.81	22
September	...	...	22,210	200	0.90	22
October	...	...	27,503	235	0.85	11
November	...	...	23,422	186	0.79	2
December	...	...	30,017	284	0.94	6
Total			347,186	11,719	3.37	807

Plague, which has killed over 10 million people during its present visitation, will undoubtedly disappear as it has always done in the past. There are indications, however, that it will cause a great many more deaths before it departs. What is to be done. Obviously the only radical cure for plague is the improvement of housing and methods of storing grain, so that rats and man will not live in intimate association and rats will not have free access to grain.

Town improvement is a radical measure, but slow and costly. Large sums of money have been spent on many cities, but much remains to be done before any of them can be considered proof against human plague. Town improvement schemes should be pushed with such vigour as money permits, for they will ultimately influence materially the incidence of plague. In addition attention to improvements in grain storage and the destruction of rats must be given. There has been a great demand for copies of the note by Dr. Chitre on improved methods of rat destruction and of the plan for a rat free-godown designed by Major Norman White. This demand has been met and it is to be hoped that some advance may result. Some say that rat destruction is expensive and

unprofitable for it has to be continuous. This is partly true but it has not to be continuous throughout the country : the special operations in Belgaum and Dharwar districts tend to show that intensive operations in specially dangerous towns and villages for a portion of the year may ward off an epidemic. It is well to remember that the cost of killing a rat does not compare with the price of the food of a live rat.

RABIES AND SNAKE BITE AND WOUNDS BY WILD ANIMALS.

83. The figures are given in the following table.

There are now 4 Pasteur Institutes in India, and their activities will be detailed in a subsequent section. A fifth Institute built with funds given privately is proposed for Bombay.

Province.						Rabies.	Snake and wild animal.
Bengal	...	...	...	...	...	379	4,733
Bihar and Orissa...	...	...	...	...	...	156	5,080
Assam	...	...	...	...	...	57	319
United Provinces...	...	...	...	...	...	307	5,222
Punjab	...	...	...	...	...	108	866
North-West Frontier Province	...	...	...	...	...	1	19
Madras	...	...	...	...	...	89	2,116
Central Provinces	...	...	...	...	...	128	1,488
Bombay	...	...	...	...	...	173	1,492
Burma	...	...	...	...	...	7	1,845
Total						1,405	23,185

ANKYLOSTOMIASIS.

84. The prevalence as far as present evidence goes is indicated below.

Bengal.—The special investigation was discontinued in March. The results obtained are tabulated.—

Area.						Percentage of infection.
Burdwan Town	..	..	..	..	..	31.3
Burdwan rural area	..	..	..	..	..	53.6
Police	..	..	..	..	..	61.3
Prisoners	..	..	..	..	..	68.06
Mills and factories	..	..	..	..	..	74.3
Tea gardens and coal areas	..	..	..	..	..	78.3

Bihar and Orissa.—The disease is suspected to be widely prevalent. The investigation in jails suggests an incidence of from 50 to 70 per cent. of population.

Assam.—The disease is known to be widely prevalent among tea gardens coolies. (See note on jail population.)

United Provinces.—The prevalence of the disease varies, but in some areas 80 per cent. of population are infected. The question of treatment and prevention is being taken up by large employers of labour.

Madras.—A detailed enquiry under the Indian Research Fund Association has revealed the following figures :—

1. Districts (a) Wet cultivation	..	..	96 to 100 per cent. infected.
(b) Dry cultivation	..	..	66 to 83 per cent. infected.
2. Schools	..	..	55 to 87 per cent. infected.
3. Jails	..	..	89 to 97 per cent. infected.
4. Industrial population	..	..	91 to 94 per cent. infected.
5. Tea Estates	..	..	100 per cent. infected.

Instructions for conducting a campaign against the disease will be issued by the Provincial Public Health Department shortly.

Central Provinces.—An investigation among prisoners indicated a percentage of 31 infected.

During 1921 the employees at the Empress Mills, Nagpur, were examined, and 10.59 per cent. were found to be infected. The sanitary arrangements at the Mills are described as very good.

Burma.—Work in the jails was continued during the year and a percentage rate of infection of 67.43 was found.

The enquiry by the Indian Research Fund Association is still proceeding and it is hoped that a concise report, including the use of carbon tetrachloride in treatment will soon be available for distribution. Detailed reports have been published in the *Indian Journal of Medical Research*. Much more definite information regarding the incidence of infection over India generally is required, even if this information at first only results in efficient treatment of some of the sufferers. Although eradication of the disease depends on the limitation or control of soil contamination, much can be done to limit the specific contamination of the soil by mass treatment. The work under the Indian Research Fund Association will enable this to be done in those areas for which the money can be found. If only the educated portion of the community could realise that the indiscriminate soil contamination which is practically universal in India, results in an incalculable amount of sickness, and a large number of preventable deaths every year some real advance in this fundamental principle of public health and cleanliness would result.

LEPROSY.

85. Accommodation for lepers is available as follows :—

Province.					Accommodation.	No. of Asylums.
United Provinces	...	...	...	...	1,152	17
Burma	...	...	...	...	633	4
Central Provinces	...	...	...	...	...	8
Bengal	...	...	...	...	639	3
Bihar and Orissa...	...	...	...	...	1,54	8
Assam	...	...	...	...	93	2
Madras	...	...	...	...	1,069	9
Punjab	...	...	...	...	326	8
Bombay	...	...	...	...	...	13

In Bengal consideration is being given to the construction of a Leper Colony for 1,000 patients.

The Indian Research Fund Association is conducting a special enquiry into the efficient treatment of leprosy.

FAIRS AND FESTIVALS.

86. Reference has been made in former paragraphs to the spread of infection from various pilgrim centres, notably, Hardwar, Ujjain and Godavari, which occurred during 1921. The progress of major sanitary works in some of these centres has been delayed possibly by financial conditions. The urgency of placing all pilgrim centres on a sound satisfactory basis is intensified by the rapidity with which infection is broadcasted by railway travel. Dissemination by road traffic is less rapid, but none the less certain, and tends to be more or less localised. The sanitary conditions of the railways and roads is therefore also a matter of vital importance to the general population of India.

Defective sanitary arrangements at pilgrim centres, on railways and main roads means rapid conveyance of infection all over India, and the results of such dissemination of infection are difficult to deal with when the local sanitary arrangements are not up to the mark. Such local arrangements are provincial matters : the spread of infection by railways and roads, and to some extent by pilgrim centres (for pilgrim centres attract pilgrims from all over India) are certainly matters in which the whole of India, and consequently the Government of India is interested. This is recognised in all Federal countries and the duty is met by legislation. In India such an Act is very necessary.

1921 saw the close of the Sinhast Festival in Nasik. The last festival was in 1908-09 and was the occasion of a devastating cholera epidemic, the influence of which was felt over the greater part of India. It is satisfactory to note that the 1920-21 festival passed off without such incident. Since the previous festival a piped water supply has been introduced, and various major sanitary works completed, but these in themselves could not have resulted in such complete immunity had not the organization at Nasik been excellent. The result reflects the greatest credit on all concerned, especially the Assistant Director of Public Health, Dr. J. Munsiff, and is a practical demonstration of what can be done in India by the application of modern public health principles.

Mention must also be made of the Ganga Saugor mela held in January. Cholera was prevalent in Calcutta at the time, and cases occurred on the steamers and country boats conveying pilgrims to the mela. There was no spread of the disease, which is proof of the satisfactory arrangements made under the supervision of the Port Health Officer, Calcutta. Attention was concentrated on the purity of the water supplied to the pilgrims, and the experience of this mela is a practical demonstration of what can be done to limit the spread of epidemic cholera by attention to this one essential—the quality of water which pilgrims drink.

MAIN PORTS.

87. There are 5 major ports—Bombay, Calcutta, Madras, Karachi and Rangoon. Aden though not a major port is included in this survey. Work connected with the shipping is carried out by Port Health Officers working directly under the Provincial Governments. They derive authority from regulations issued under the Indian Ports Act ; these regulations are now being revised.

The Port Health Officer has no control over sanitation on land, which is governed by municipal Acts different for each of the chief municipalities. In addition there are Port Trusts, who have authority over docks, quays and the area covered by warehouses, etc. The sanitation of such areas is by statute under the municipality concerned, but the Port Commissioners or Trustees often carry out the work themselves at their own expense. The whole question of port sanitation and the necessity for central legislation is under the consideration of the Government of India.

Port of Calcutta.—2,139 vessels were inspected against 1,930 in 1920, involving the examination of 188,892 crew personnel and 222,959 passengers. The following sanitary incidents occurred :—

Smallpox.—3 cases among emigrants awaiting embarkation. Remaining emigrants vaccinated.

Chickenpox.—Several cases with 2 deaths occurred on 4 incoming vessels.

Measles.—Several cases on 2 incoming vessels and a suspected case on one vessel while lying in port.

Mumps.—Several cases on one vessel lying in port.

Cholera.—3 cases were removed from 2 incoming vessels. 14 cases were taken off 10 vessels while lying in port.

Influenza.—4 cases removed from 2 incoming vessels.

Dengue fever.—Several cases found on one incoming vessel.

Disinfection and fumigation.—61 seagoing vessels, 43 inland steamers, flats and launches and 66 lighters and dingheys were disinfected.

61 seagoing vessels were fumigated with the Clayton apparatus.

Smallpox vaccination.—3,228 deck passengers for the Straits were vaccinated : a fee of 6 annas per head is paid by the ship's agent. In addition some 4,000 persons were vaccinated free of cost under the orders of the Port Health Officer.

13 deaths from cholera occurred among the Asiatic floating population ; by far the best year on record.

Among the European seamen there were 624 admissions for all causes to hospital with 13 deaths. Of infectious diseases there were 3 admissions and 3 deaths from cholera, 15 admissions and no deaths from diarrhoea, 25 admissions and 2 deaths from dysentery and 7 admissions for enteric fever. There were also 78 admissions for malaria.

Port of Bombay.—1,094 vessels and 199,595 crew and passengers were examined. The clothing and bedding of 93,504 members of crew and passengers were disinfected.

62 vessels on which cases of infectious diseases occurred were disinfected. 26 vessels were fumigated by the Clayton process and 20 additional vessels were fumigated by the British India Steam Navigation Company. Shipping Companies, therefore seem to appreciate the necessity for fumigation. 12 of the 26 vessels fumigated were pilgrim ships, and of the remainder 5 were fumigated for rat infestation, 5 under plague regulations and 4 at the request of the Agents by reason of influenza.

160 incoming vessels were inspected and 38 were disinfected for infectious diseases. These diseases were plague 4 cases, smallpox 16 cases, measles 12 cases, chickenpox 13 cases, jigger 7 cases, scarlet fever 4 cases, influenza 13 cases, pneumonia 9 cases.

910 outward bound vessels were inspected and 26 were fumigated. A few cases of smallpox, measles and chickenpox occurred on board vessels within 12 days of departure. The Bills of Health were endorsed showing the number of cases and the measures which had been taken.

24 vessels were infected while in the docks and bunders. 27 cases of infectious disease were removed : these included plague 2 cases, cholera 6 cases, smallpox 5 cases, measles 4 cases, chickenpox 4 cases, and influenzal pneumonia 6 cases.

During the year 1,608 persons connected with shipping were admitted to hospital in the city.

791 European patients were admitted to St. George's hospital and 18 died.

767 Asiatics were admitted to Jamsetjee Jijibhoy and the Goculdas Tejpal hospitals and 76 died.

50 patients were admitted to the Arthur Road and Marathi hospitals for infectious diseases and 5 died.

Pilgrim traffic.—7,348 pilgrims left on 12 vessels. 6,877 were vaccinated against smallpox before departure. Others had been vaccinated before leaving their homes.

24 deaths occurred on the outward voyage on account of old age, general debility, pneumonia, heart disease and diarrhoea.

5,825 pilgrims returned to Bombay in 12 vessels. During the return voyage 146 died chiefly due to dysentery, senile debility, diarrhoea, heart disease, enteritis and pneumonia. One death from smallpox was reported.

Port of Karachi.—430 steamers (52 incoming and 378 outgoing) were inspected during the year. The crew and passengers numbered 130,597. In addition 552 country boats with a crew and passenger personnel of 7,348 were inspected. The clothing, bedding, etc., of 42,964 persons were disinfected.

The following sanitary incidents occurred.

Plague.—One vessel arrived having disembarked a case at Muscat.

Cholera.—One case occurred on board a vessel lying at the wharf.

One vessel arrived having lost a passenger from cholera on the voyage from the Persian Gulf.

Smallpox.—Two cases occurred on two vessels.

In addition 2 vessels arrived having had cases on board during voyage from Persian gulf.

Chickenpox.—Two cases on one vessel.

Influenza.—11 cases on one vessel.

Leprosy.—7 cases on one vessel.

Four vessels were fumigated with the Clayton apparatus.

Pilgrim traffic.—3,477 pilgrims left the port on 11 vessels. 107 deaths occurred during the return voyage among 4,166 pilgrims.

Including the figures for Bombay 11,225 pilgrims left India, and 9,991 returned. 277 died on the voyage (some of these may have been counted twice) : consequently 932 must have either died, settled voluntarily, or been stranded in the Hedjaz.

Port of Aden.—1,162 vessels were granted bills of health during the year.

The following cases of infectious diseases were landed from the shipping :—

small-pox 12, measles 10, pneumonia 2, chicken-pox 3, influenza 8.

24 pilgrim ships passed through the port and were medically examined.

Port of Rangoon.—1,279 vessels arrived and 1,204 were visited. The crew and passenger personnel inspected by Port Health staff was 418,570.

Of the vessels visited 52 had hoisted the quarantine flag : 26 reported infectious disease and 38 cases were found : 24 reported deaths due to non-infectious diseases, and 2 cases of cholera were found on 2 vessels, and 1 of chickenpox. 415 vessels were inspected under the Vaccination Law Amendment Act, and 31 cases of infectious disease were found on 30 of these vessels.

The total number of infectious diseases landed was 81, including 34 discovered by the Port Health staff on 33 vessels classed as healthy by their Masters. This is a very strong argument in favour of medical visit to all vessels on arrival. The infectious cases landed included 2 of plague, 9 of cholera, 8 of small-pox, 17 of measles, 29 of chickenpox, 14 of mumps and 2 each of enteric fever and cerebrospinal fever. The cases of cholera were buried at sea. Of 230,349 immigrant labourers inspected for marks of vaccination 17,096 were found liable.

344 outward bound vessels were inspected and 1 case each of measles and chickenpox was discovered, and 104 persons were detained on account of fever.

19 cases of infectious disease occurred on vessels in the harbour :—14 of cholera, 1 of chickenpox, 2 of measles, 1 of cerebrospinal fever and 1 of enteric fever.

The new port health station was opened towards the end of the year, and has greatly facilitated the work of the port health staff.

Port of Madras.—499 vessels entered and 246 vessels left the port.

2 cases of smallpox, 2 of chickenpox, 2 of measles and 1 of cholera were found on incoming vessels.

No unusual rat mortality was discovered.

The number of deaths from principal causes in the chief port towns is given below :—

	BOMBAY.		CALCUTTA.		MADRAS.		RANGOON.		KARACHI.	
	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.
Small-pox ...	403	0·34	89	·09	180	0·3	18	·05	101	0·5
Measles ...	201	0·17	144	·15	40	0·08	1	...	157	0·77
Plague ...	811	0·68	37	·04	3	...	1,126	5·29	206	1·02
Enteric fever ...	152	0·12	328	·36	85	0·2	38	·11	...	...
Malaria ..	4,779	4·06	1,214	1·3	652	1·2	387	1·13	...	...
Kala-azar ...	...	...	...	...	24	0·05	...	...	...	...
Relapsing fever ...	57	0·04	...	...	...	...	...	...	...	...
Influenza ...	1,389	1·18	927	1·0	110	0·2	228	·67	108	0·58
Cholera ...	70	0·05	1,997	2·2	139	0·3	101	·30	153	0·78
Dysentery ...	1,512	1·28	3,155	3·5	4,149*	7·9	976*	2·85	59	0·29
Tuberculosis ...	1,614	1·37	3,208	2·4	957	1·8	915	2·67	314	1·55
All other causes...	42,618	...	2,301	...	13,929	...	8,276	...	5,903	...
Total ...	153,609	45·58	30,395	33·4	20,268	38·5	12,066	35·28	7,016	34·79

*Includes diarrhoea.

PUBLIC HEALTH LABORATORIES.

88. *Delhi*.—A laboratory in connection with the new mechanical filtration plant has been established ; samples are examined daily and other public health work is done.

Bengal.—3,080 analyses were made in the public health laboratory, of which the majority was in connection with water supplies and sewage effluents. 238 samples of food and 13 of drugs were examined.

The laboratory is used for giving courses of instruction to students in public health.

Calcutta Corporation.—10,899 examinations were made in all : 5,383 being of food stuffs, and 3,029 of water samples.

Food adulteration was most common in milk and mustard oil. Out of 1,500 samples of ghee 4·5 per cent. showed adulteration.

The following facts are interesting in indicating dilution of milk sold to the public and the desirability of more investigation before satisfactory standards can be fixed from which to judge adulteration. 50 samples of genuine cows milk yielded an average fat content of 4·96 per cent. ; of genuine buffalo milk 8·74 per cent. 17 samples of vended milk yielded an average fat content of 3·2 per cent.

Bihar and Orissa.—1,313 analyses were made : 798 chemical and 515 bacteriological. The number is increasing with the application of the Food Adulteration Act.

64 per cent. of ghee samples, 50 per cent. of mustard oil samples, 82 per cent. of atta and flour samples and 43 per cent. of sweetmeat samples were found to be adulterated.

Assam.—1,021 samples were examined. These included the monthly examination of filtered water samples and the weekly examination of the Shillong tap water. Samples of ghee, milk and mustard oil were examined.

United Provinces.—240 samples of food stuffs for adulteration were examined by the Public Analyst. 72 samples of milk, 6 of ghee and 1 of cream were certified to be adulterated.

Punjab.—2,626 examinations were made : of these 1,437 were of blood, 1,051 bacteriological and 138 histological and of tumours. The bacteriological examinations included 129 of water samples and 10 of shaving brushes for anthrax.

North-West Frontier Province.—The laboratory was reorganised during the year. Samples of water, and pathological material were examined during the year. Rats for plague infection were also examined.

Madras.—61 specimens of a public health nature, excluding water, were examined at the King Institute, Guindy, during 1921-22. No standard of purity has yet been laid down for the common articles of diet in the Presidency although a Food Adulteration Act is on the Statute Book. It is hoped that a properly organized public health section of the Institute will soon be developed which will be able to deal effectively with an increased demand for this type of work.

The number of samples of water examined was 1,160 as compared with 1,036 in the previous year. 624 samples were examined chemically and bacteriologically. The total number of chemical examinations was 866 and bacteriological 918. A portion of this work was the routine half-yearly examination of samples supplied by municipalities, jails and railway companies.

Central Provinces.—The establishment of a laboratory has been postponed for lack of funds.

Bombay Presidency.—Much of the public health work of the Presidency is done at the Bombay Bacteriological Laboratory at Parel. The definite establishment of the hygiene section has, however, been postponed for lack of funds.

A branch laboratory in connection with the Poona water supply is mainly concerned with daily examination of samples of the supplies for Poona city, Poona cantonment and Kirkee.

A second laboratory has been opened at Karachi, and has been mainly concerned with the routine examination of samples of the Karachi water supply and of the Sind jail water supplies. Analysis of food samples has commenced, but cannot progress till an adulteration of foods Act is passed.

Bombay city.—At the Municipal Laboratory 3,095 samples were examined : 1,745 chemically, and 1,300 bacteriologically.

Of the 1,754 chemical samples 1,177 were of food samples, mainly milk. 65 per cent. of milk samples were found not to be genuine. Legal action was taken in 632 cases and 545 convictions were obtained.

201 samples of the water supply were examined.

Rangoon.—The laboratory was not in full working order by the end of the year. The Municipal Analyst was appointed on the 19th August 1921.

MEDICAL INSPECTION OF SCHOOLS.

89. In the Bombay Presidency 6 Medical Inspectors were appointed for different areas. Work commenced in July and covered the examination of 6,574 pupils in 43 schools of the Bombay Presidency proper. 1 per cent. was found to be suffering from some form of tuberculosis : 11.5 per cent. from defective vision, and nearly 3 per cent. from eye disease ; under 2 per cent. from defective hearing, 13 per cent. from adenoids or enlarged tonsils ; over 7 per cent. from caries of the teeth or septic mouth conditions, and 9 per cent. from some form of skin disease.

The reports of the medical inspectors enter into other important details, but those quoted show the importance of their inspection in leading to the treatment of children who urgently need it, and are in many cases a danger to the children who associate with them.

In Sind 1,339 boys were examined in 11 schools and it was found that 27 per cent. were infected with tuberculosis, 43 per cent. with adenoids or enlarged tonsils, 28 per cent. with defective eyesight, and 5 per cent. with skin disease. The numbers examined are few, and it appears that a large number of school children, though present in the school, were not examined.

In Bihar and Orissa 6 school medical officers visited 145 schools, and examined 15,289 pupils. Defective vision appears to be common.

In Bengal the division of school hygiene in the Public Health Department is concerned mainly with the sanitary condition of schools. A scheme for medical inspection of schools has been drawn up.

In the Central Provinces medical inspection is regularly carried out by Assistant and Sub-Assistant Surgeons in charge of dispensaries, and by the epidemic dispensary staff. The latter inspected 32,996 children and found 1,609 with enlarged spleens, and 853 with contagious diseases. 55,826 children were inspected by the regular dispensary staff, and 8,171 were found to be suffering from contagious disease, and 6,911 from enlarged spleen.

In Burma all school children will be examined by a medical officer twice a year, and the details will be entered on a medical history card.

MINES.

90. The Asansol Mining Settlement in Bengal is controlled by a Board of Health, who are taking steps against malaria, for the treatment of hookworm disease, and for the reduction of infant and maternal mortality. During the year the births numbered 8,280 and the deaths 7,993. The infant mortality rate was 170. The principal causes of deaths were cholera, fevers, and respiratory diseases.

Bihar and Orissa.—The sanitary control of the Jharia and adjoining coal mining area is in the hands of the Jharia Mines Board of Health, who employ a medical officer of health. Great improvement has been made in housing and water supply.

The average daily population of labourers is 83,801. Influenza, smallpox and cholera prevailed to some extent during the year, but the incidence was less than in the Province as a whole. About 50 per cent. of the men examined exhibited hookworm infection, and some 317 cases were treated.

Burma.—The Burma Corporation employs a medical staff. Steps have been taken to improve and extend the piped water supply. Supervision of food, including milk, is exercised. The arrangements for isolation and treatment of cases of infectious diseases are being improved. There is no system of birth and death registration. Malaria, dysentery and influenza caused trouble during the year. 40 cases diagnosed as bad colic were treated, but there were no cases of severe plumbish. A few cases of relapsing fever, the infection of which was imported from China, occurred among the Chinese labourers.

The mines in Tavoy and Mergui districts are inspected by the Civil Surgeons.

SECTION IV.

JAILS OF INDIA.

91. The jail population in 1921 averaged 121,705 against 118,553 in 1920 and a mean of 116,988. The increase was largely due to political unrest and disturbances, and was most manifest in the Madras jail. An increase over the mean was shown in all provinces with the exception of Bihar and Orissa and the United Provinces. The decrease in the latter Province was associated with 2 special releases. In the Andamans the average strength fell due to the termination of transportation.

Overcrowding except in the Bombay and Punjab jails was not evident. In Madras it was met by a camp jail at Bellary for prisoners in connection with the Moplah risings. In Madras and Punjab proposals for new central jails are apparently hung up for financial reasons.

The constantly sick rate—31—was below the figure for 1920, *i.e.*, 33, and the mean—32 : the admission to hospital rate—771.5—was higher than the mean 745.

In the constantly sick rate only marked variations from normal were evidenced in the Jails of Bihar and Orissa and the Andamans. In the former the rate rose to 52 from 43—a rise of nearly 21 per cent.—and in the latter it fell from 59 to 45—a fall of nearly 24 per cent.

A rise in the admission to hospital rate was seen in all provinces with the exception of Assam, Madras and the Andamans. In view of the fall in the mortality rate it may be said generally that there was more sickness than usual of a mild type.

The death rate from jails in India, excluding the Andamans, was 20.11 : including the Andamans it was 19.86. This is a very remarkable incident, and one which has probably never occurred before—a fall in the death rate after the inclusion of mortality figures for the Andamans. The mean mortality rate for the Andamans is 35.58 as compared with a mean of 21.78 for Indian jails. The death rate recorded in the Andamans for 1921 was only 17.44.

The chief causes of sickness as evidenced by the admission to hospital rates were :—Malaria (234), Dysentery (50), Diarrhoea (39), Abscess (65), Respiratory Diseases including Pneumonia (46) and Influenza (45).

The chief causes of death were :—Respiratory diseases (4.15), Pulmonary Tuberculosis (3.06), Dysentery (1.91), Influenza (1.69) and Malaria (.88).

The tendency to compare the crude death rates recorded in the free and jail populations, respectively, has almost disappeared. The figures obviously are not comparable for, (a) the jail population contains no infants, (b) the proportion of persons over 60 is much less than in the free population ; at these two age periods the death rate is very high and so the bias is against the free population, (c) about 80 per cent. of the jail population is between the ages of 16 and 40, whereas the percentage for the free population is about 35. In this age period the death rate is comparatively low, so the bias is in favour of the jail population. No comparison is therefore possible until the crude figures have been corrected for these factors. This correction has been made in the case of some of the jails returning low death rates, and is recorded in subsequent paragraphs. Speaking generally there is no indication that the jail

population is healthier than the free or that it suffers in health from confinement. The jail population naturally shares with the free population the adverse influence of scarcity, and to some extent the risk from the spread of contagion. It has been pointed out before that there is too definite a tendency to the formation of a water tight department. Inspectors-General do consult provincial health experts, but this is a matter of personal predilection. There should be definite co-ordination independent entirely of the individual, and there is no doubt that the Director of Public Health of the province should be informed at once of the outbreak of epidemic disease, and receive regular returns relating to sickness and mortality of prisoners.

INFLUENZA.

92. There were 5,515 admissions with 206 deaths : a case mortality of 3.7 per cent. In the United Provinces the case mortality was over 8 per cent., in Bombay nearly 8 per cent., in the Central Provinces nearly 6 per cent. and in Assam 5 per cent.

High death rates were recorded in Assam (8.44), Central Provinces (5.46), Bihar and Orissa (2.93), Madras (2.36) and United Provinces (2.15). The death rate in all jails was 1.69.

The disease was less prevalent and fatal than in 1920.

CHOLERA.

93. Caused 113 cases with 54 deaths : a case mortality of 48 per cent. 86 of the cases occurred in the jails of Bihar and Orissa and United Provinces. The death rates in these two Provinces were 2.74 and 1.03, respectively. No cases were reported from the Andamans, Bombay and the North-West Frontier Province.

DYSENTERY.

94. 6,076 admissions with 233 deaths, giving a case mortality of 3.8 per cent. The admission rate was higher than the mean in the jails of Burma, Bihar and Orissa, United Provinces and Central Provinces. Marked reductions in admission rates were returned from the jails of Bengal, Punjab and Madras and the Andamans. There was a fall in the death rate in all provinces except the United and Central Provinces : the most remarkable being in the Andamans, from a mean of 5.11 to .89. 55 per cent. of attacks were recorded in the jails of Bengal, Bihar and Orissa and United Provinces. The disease was most fatal in the jails of the Central Provinces, United Provinces, Burma and Bihar and Orissa in which the case mortalities were 8, 5, 5 and 3 per cent., respectively.

DIARRHŒA.

95. This heading is abolished, but is used for convenience to include bowel complaints. 4,710 cases with 61 deaths were reported : the case mortality being 1.3 per cent.

The admission rates for all jails were lower than the mean except in Burma, Bihar and Orissa, the United Provinces and Central Provinces. The jails of the two latter returned 32 of the 61 deaths recorded, and the case mortalities in these two provinces were 4.6 and 6.9 per cent., respectively.

MALARIA.

96. Caused 28,455 admissions and 107 deaths.

With the exception of Madras malaria was more prevalent than usual in all the jails of India. In the Andamans the admission to hospital rate fell from a mean of 972 to 502.

Malaria is one of those diseases which might form the subject of consultation between the Jail Department and experts in Public Health Department.

PULMONARY TUBERCULOSIS.

97. 1,087 admissions with 372 deaths giving a case mortality of 34.2 per cent. It is assumed that some of the deaths were among old cases not counted in the admissions. It is probable that early cases are not admitted.

The admission rate was 8.9 and the death rate 3.06.

In the Punjab the admission and death rates fell from 14.6 and 5.05, the means, to 6.2 and 2.67. This remarkable decline is attributed to following the advice of Lieutenant-Colonel Forster, the Director of Public Health of the Province. The accommodation provided for Tuberculosis cases is very much below the demand. Although many prisoners are admitted with the infection latent or in early stages the jails cannot be acquitted of spreading infection. Probably the best policy is the provision of special jails combined with detailed examination of all new admissions. The management of advanced cases is a difficult problem in jails just as it is in the free population. The advanced case is naturally the greatest danger in the distribution of infection. Theoretically all advanced cases should be segregated, but this ideal is impracticable. Under jail rules such cases can be discharged to their homes under certain circumstances. Humanity perhaps demands this, but prudence suggests that before discharge some effort should be made to teach the unfortunate sufferers how to become less of a danger to his relatives and friends. The indication is for special jails not only for the treatment but instruction of the tuberculosis cases. It has been written by one Inspector-General of Prisons that the jail department is not a public health department. This is true but every department has its duty to the public, and the jail department should see that the danger to the general public from the discharge of infectious prisoners is reduced to the utmost practicable limit.

PNEUMONIA.

98. Caused 1,618 admissions and 412 deaths. The case mortality was 25 cent. It was slightly more prevalent than usual in the jails of India, but a marked fall was shown in the Andamans, where the admission and death rates fell from means of 16.1 and 6.9 to 8.9 and 3.04.

An enquiry into pneumonia and the efficacy of vaccines is now being conducted under the auspices of the Indian Research Fund Association. It cannot be emphasised too strongly that in bacterial vaccines the jail department has a potent weapon in the fight against such diseases as cholera, dysentery, enteric fever, plague and perhaps pneumonia.

ENTERIC FEVER.

99. There were 109 admissions with 27 deaths : the case mortality was 24.7 per cent. The jails of Burma, Punjab and Bengal returned 41, 42 and 15 cases, respectively.

MADRAS.

100. The average strength, 13,570, was 35 per cent. in excess of the decennial mean. This is accounted for largely by the opening of a camp jail at Bellary for prisoners in connection with the Moplah rising.

No change was made in the dietary ; 66 per cent. of prisoners discharge gained and 11 per cent. lost weight.

The constantly sick and admission to hospital rates were about the average, and the death rate was 18.35 as compared with a mean of 17.53. The death rate in the Presidency was 20.2. The application of the death rate by age periods for the civil to the jail population gives an estimated rate of 11.5 for the latter. The wide difference between estimated and actual rates indicates the existence of exceptionally unhealthy conditions in the jails or defective death registration for the civil population. Probably both factors exert influence in Madras Presidency. Thus in December the death rate in the jail population was high owing to the death of 58 rebels who were admitted in a state of bad health. Death registration is reported also to be very defective for the free population in parts of the Presidency.

Pulmonary tuberculosis was slightly less prevalent and fatal than in 1920, but incidence was almost the mean. The number of admissions during the year was 119 and of deaths 35. Special wards providing accommodation for 42 and 17 patients, respectively, exist in the Trichinopoly and Bellary jails. In other jails isolated sheds are available for early cases, so that isolation is possible pending accommodation becoming available in the special wards.

The construction of a special jail for all prisoners suffering from tuberculosis is under consideration. Apart from tuberculosis, dysentery and bowel complaints generally are the diseases to which prisoners in the Madras jails are most liable. Much work is being done in the way of improving water supplies, fly-proofing kitchens and latrines, and conservancy generally.

BOMBAY.

101. The average strength was slightly in excess of last year and of the decennial mean. It also markedly exceeded the prison accommodation. The Inspector-General writes that the problem of "overcrowding is most serious and most pressing" in the Common Prison.

Diet, except for some minor changes in certain jails, remained unaltered, and 58.6 per cent. of prisoners discharged had gained in weight.

The constantly sick and hospital admission rates were both slightly above the mean, but the rates for last year. Malaria, pneumonia and respiratory diseases were more prevalent than usual. In spite of this the death rate fell to 16.94 against 21.86, the decennial mean. This corresponds with a marked fall in the mortality among the free population. Applying the Presidency death rates at different age periods to the jail population the estimated death rate comes to 14.8 per mille. The difference between this estimated death rate and the actual may well be accounted for by inaccuracies in registration. It is evident, however, that the jail population is not more healthy than is the free population of corresponding age, and that the jail population does not suffer by confinement. There were 78 admissions and 26 deaths for pulmonary tuberculosis. The present special accommodation provides only for 16 cases : accommodation for 44 additional patients has been sanctioned, but financial stringency has necessitated postponement of execution. The admission rates for dysentery and diarrhoea were markedly high in the Common Prison, Bombay and the Deccan Gang. Attention to water supply is suggested.

BENGAL.

102. The admission of prisoners due to political unrest led to serious overcrowding. In spite of this the year was one of exceptional healthiness. The death rate was 16 per mille, while the rate recorded for the free population was 30.1. Applying the death rate at the different age periods of the free population to the jail population an estimated death rate of 17.7 is obtained.

The proportion of prisoners voluntarily choosing wheat at the meal increased during the year. The Inspector-General remarks that this has a marked influence on the incidence of bowel complaints, which are steadily decreasing. Of the discharged prisoners 55.87 per cent. had gained and 19.14 per cent. had lost weight.

ASSAM.

103. No change was made in the dietary during the year. 54 per cent. gained and 24 per cent. lost weight as compared with 50 and 28 last year. 24 per cent. of discharged prisoners gained 5 lbs. or more, while 7 per cent. lost 5 lbs. or more.

The average strength of prisoners was 2,369, a slight increase over last year, but markedly above (nearly 24 per cent.) the decennial mean. The accommodation available exceeds the average strength.

The slight rise in constantly sick and hospital admission rates over the previous year does not indicate the prevalence of any epidemic disease; both rates also were distinctly below the decennial means. The increase in the death rate from 23.8 to 37.9 deserves attention. In a limited population a few deaths in one year from any cause will result in a marked increase in the death rate, and need not justify a feeling of alarm. There are a few points worthy of comment. The death rate from dysentery was less than half the mean, while diarrhoea caused no mortality. 10 years ago the Assam jail population suffered severely from these diseases, and the very definite reduction in their incidence and mortality is satisfactory. The incidence and death rate from pneumonia and respiratory diseases showed no rise, in fact there was some reduction. This does not suggest that influenza had a marked influence on the enhanced death rate from all causes. Two facts stand out from the Inspector-General's report :—12 tea garden coolies with a heavy hookworm infestation died; and out of 24 admissions for pulmonary tuberculosis 18 died. The high mortality rate—75 per cent.—indicates either the failure to diagnose early cases or some secondary factor increasing the mortality of the disease. The existence of a high infection with hookworm in one section of the population is suggestive. In addition to the 12 tea garden coolies mentioned above 4 deaths among convicts were directly attributed to hookworm disease, *i.e.*, hookworm was associated with about 20 per cent. of deaths. Both factors probably are in operation; it is suggested that the prevalence of hookworm disease and its treatment might well repay greater attention. The provision for the isolation of tuberculous patients is clearly insufficient; a new central jail with provision for isolation and treatment has been sanctioned.

The incidence of malarial fevers was distinctly below the average. The prophylactic use of quinine was discontinued during the year. A 10 bed ward for Kala-azar patients was brought into use during year. There is no mention of the effect of this disease, which plays so important a part in Assam public health, on the general health of the prisoners.

BIHAR AND ORISSA.

104. The average strength of prisoners fell to 5,469 from a mean of 7,212.

No general change was made in the diet scale during the year.

Of the prisoners discharged during the year 60 per cent. had gained and 16 per cent. had lost weight.

The constantly sick, admission to hospital and death rates all showed considerable increases.

The death rate was 33.09 as compared with 32.46, the decennial mean, and 29.10, the figure for last year. The death rate for the free population was 32.8. This rise is due to increased mortality from tuberculosis, pneumonia, respiratory disease and cholera. Cholera caused mortality in 2 central jails, Buxar and Gaya.

It is satisfactory to note that the number of deaths from dysentery among convicts was only 24 against 52 in 1920. The admission rate is still much too high, although it is only slightly above the mean for the Bengal jails.

Influenza probably had some say in the mortality for the year.

UNITED PROVINCES.

105. The average strength was slightly greater than in 1920, but below the decennial mean.

On paper the jails will accommodate 31,131, a figure in excess of average strength.

No change in the diet scale was made during the year. Of the prisoners discharged 66 per cent. gained and 10 per cent. lost weight.

There were marked rises in constantly sick, admissions to hospital and death rates. The death rate was 21.34 per mille, over 3 per mille in excess of the decennial mean. It was a bad year for the free population of the Province, the death rate being 39.57. Applying the death rate at different age periods for the free population to the jail population an estimated death rate of 25.3 per mille is obtained. This indicates that the jail population was during the year slightly more healthy than the free population.

All diseases shared in the general unhealthiness of the year. Heatstroke caused 26 deaths, due to the exceptional temperature experienced by day and night during June especially.

Cholera, dysentery and pneumonia caused more admissions and deaths and malaria more admissions than the average, and these increases reflect the incidence in the free population.

Tuberculosis was responsible for 309 admissions and 79 deaths. As far as possible these patients are transferred to Sultanpur district jail, which provides hospital accommodation for 140 prisoners. Prisoners on short sentence are not transferred.

PUNJAB.

106. The Inspector-General writes that the actual accommodation available in the jails is for 12,770. The average strength of prisoners was 13,871. This degree of overcrowding amply justifies the insistence of the demand for an additional Central Jail.

No general change was made in the dietary during the year. Of the prisoners discharged 47 per cent. had gained and 17 per cent. had lost in weight.

The constantly sick rate was slightly below the rate for 1920 and the mean : the admission to hospital rate showed a sharp rise. The death rate as compared with 1920 also rose to 17.52 per mille, a figure very considerably below the mean, 26.08.

The increase in admissions to hospital and mortality rates are attributed to increased prevalence of malaria and influenza.

The possible influence of environment on the health of prisoners is afforded by the low death rate (5.94) of the Multan Central Jail. The Superintendent considers this was "due to the distant and isolated situation of the jail." It is dangerous to draw conclusions from the figures for one year : in 1920 this jail returned a death rate of 17.74 per mille.

There were 86 admissions for pulmonary tuberculosis with 37 deaths. All tuberculosis patients are admitted to the Shahpur jail. The Inspector General reports that the number of admissions is steadily decreasing. The admission rate has fallen from a mean of 14.6 to 6.4, and the death rate from 5.05 to 2.67. This is a fine record, but the figures show that further effort is necessary, and this may well be directed to the provision of increased accommodation.

NORTH-WEST FRONTIER PROVINCE.

107. The average strength rose to 2,862 from a mean of 2,409, and gave rise to considerable overcrowding in all jails. Sanction to the erection of a large central jail has been given, but construction has had to be postponed owing to financial stringency.

No general change in dietary scale was carried out during the year : of the prisoners discharged 60 per cent. had gained and 16 per cent. had lost weight.

The constantly sick rate was only slightly above the average, but the admission to hospital rate showed a considerable rise from 811 to 997. This was almost entirely due to the severity of malaria in the Peshawar jail.

The death rate (24.11) was well below the decennial mean (28.60) but in excess of figure for 1920 (20.72). The death rates from malaria and tuberculosis were both high. Short time prisoners with tuberculosis are transferred to the special ward at Abbottabad, while sufferers from the disease under long term sentences are usually transferred to the Punjab. Such accommodation is evidently insufficient for all tuberculosis patients, for 3 deaths occurred in Peshawar jail and 1 in Dera Ismail Khan jail.

CENTRAL PROVINCES.

108. The year in the Central Provinces was one of great scarcity, and this was reflected in increases in the average strength of prisoners and the general health conditions.

In spite of the increase in the average strength there was no marked overcrowding except for undertrial prisoners.

Diet scales were unaltered during the year. The percentage of discharged prisoners who had gained weight was 62, and who lost weight 10. Slight rises were evident in the constantly sick and hospital admission rates, but the death rate rose from a mean of 22.93 to 34.13 per mille. The death rate for the free population of the Province was 44.01. It was a bad year for the Province as

a whole, and it is only natural to find the jail mortality exceptionally high. The feature of the year was not so much an increase in sickness but in the case mortality indicating a lowered general resistance, which is so generally the case in a year of scarcity. Thus the case mortality of dysentery was 9 per cent., of pulmonary tuberculosis 51 per cent. and pneumonia 43 per cent.

Financail stringency has prevented any progress in improved accommodation for tuberculosis prisoners.

The Inspector-General writes that the anti-hookworm campaign has not been carried out with thoroughness.

BURMA.

109. The average strength though in excess of the figures for 1920, was just about the decennial mean. The average number of convicts was slightly over the accommodation available. The Government of Burma, with a view not only to relieve overcrowding but to restrict the numbers incarcerated in any one prison, has commenced a new central jail at Tharrawaddy, approved a new jail near Pegu, and propose a jail in the Southern Shan States.

Great attention has been paid to diet and cooking. The rice ration remains at 24 oz. per diem, but the issue of pulse has been increased as an experimental measure to 5 oz. daily. For those engaged in laborious work 1 oz. of pulse and 2 ozs. of rice are given as an extra ration. 56 per cent. of discharged prisoners gained, 16 per cent. lost, and the remainder neither gained nor lost weight. The hospital admission and constantly sick rates were both above the average, but the death rate shows a considerable drop—16.22 as compared with 19.49, the mean. The provincial death rate also fell from 27.40 to 21.45.

The admission for pulmonary tuberculosis numbered 162 with 52 deaths. The special ward at Myingyan accommodates 50 only, and during the year dealt with 115 cases. It is clear that accommodation is insufficient, and plans and estimates of a new ward are in preparation. Enteric fever was still prevalent at the Rangoon, Insein and Mandalay jails.

A certain number of cases of beri beri occurred mainly at Pagan. The Inspector-General suggests the possibility of infection. Epidemic dropsy to which he invites comparison is, however, a food deficiency disease. If there be no deficiency in food in the Pagan jail, it is suggested that this beri beri may be a manifestation of hookworm disease. The Inspector-General claims that the prisoners leave the jails healthier. This is probably the case, but the death rate of prisoners is not below that of the general population if it be corrected for age and sex incidence. If the death rates at the various age periods of the Burma general population be applied to the Burma jail population, an estimated death rate of 14.3 is obtained instead of 16.2. The difference between this estimated figure and 16.2, the actually recorded rate, is not sufficiently marked to permit any general statement, except that there is no indication that prisoners suffer in health through confinement.

ANDAMANS.

110. There was a reduction in the average strength and an absence of overcrowding. This was due to the cessation of transportation.

An increase in the vegetable ration up to 8 oz. cleaned for all classes was made during the year, and the Senior Medical Officer considers this to have

been responsible for a marked reduction in the cases of scurvy. The *Dhal* ration was also raised to 4 oz. for all classes. Fish was scarce as usual but was supplied more frequently than in the previous year. The constantly sick, admissions to hospital and death rates all show a remarkable and welcome reduction.

“ The total number of days spent in hospital by convicts is less by 72,927 than in 1920, and less by 133,338 than in 1919.” The Senior Medical Officer rightly points out that thereby a considerable saving in labour waste has resulted.

When the Indian Jail Commission reported the mean death rate for the convicts was 37.65 : the death rate during the year was 17.44, and in 1920, 39.66. This reduction in 1921 is so sudden that caution is necessary in attributing it entirely to improved health conditions, but improvement there has been. Malaria has always been the chief trouble. The average admission to hospital rate for malaria is 972 per mille of population, while 60 per cent. of all hospital admissions have been due to this disease. In 1921, the admission to hospital rate fell to 502 ; and only 45 per cent. of hospital admissions were caused by malaria. Some of this reduction was due to climatic and other causes which influence the intensity of malaria from year to year ; but figures prove that some is due to improvements carried out both in the surroundings of the barracks and in the treatment of cases. The Jail Commission commented on the effect of certain swamp reclamation on the admissions for malaria into the female jail. Prior to completion of reclamations in 1917 the ratio of admissions for inmates of female jail per cent. of population averaged 200. For the 4 years subsequent to reclamation the average has been 57.

Unfortunately during 1921, the reclamation of the Phoenix Bay swamp had to be stopped. This swamp is responsible for giving malaria to the inhabitants of Aberdeen, Middle Point and Phoenix Bay. Stoppage is unfortunate, but no doubt the necessity was peremptory.

The decline in the incidence and severity of malaria has been accompanied by falls in other diseases. The figures for dysentery, diarrhoea, pneumonia and respiratory diseases show remarkable falls, in some cases up to 50 per cent. also. There is nothing in the report of the Senior Medical Officer to indicate that these can be attributed solely to improved health conditions.

The reduction in tuberculosis was largely associated with the transfer of 47 cases to India, and the release of 11 others. The Senior Medical Officer remarks that “ many early cases are not diagnosed * * * *. It is hoped to tackle the problem of incipient tuberculosis during this year, and to collect all suspicious cases in a healthy locality under special medical observation.” This very wise measure will undoubtedly be of great benefit to the convicts.

SECTION V.

VACCINATION AGAINST SMALL-POX.

111. The total number of operations fell from 9,624,235 in the previous year to 8,497,533 in 1921-22. The decrease which occurred in both primary and re-vaccinations was recorded in all the provinces except Coorg where there was an increase of 2,505 in primary vaccinations and 563 in re-vaccinations. The following table gives details :—

Province.		TOTAL NUMBER OF VACCINATIONS PERFORMED.		PERCENTAGE OF SUCCESSFUL CASES TO TOTAL VACCINATIONS.		Average cost of each successful case.	Number of deaths from small-pox.*
		Primary.	Re-vaccinations.	Primary.	Re-vaccinations.		
						Rs. A. P.	
Delhi ...	{ 1920-21 1921-22	12,673 13,316	3,580 1,543	98·95 97·77	90·38 75·57	0 3 10 0 4 8	19 22
Bengal...	{ 1920-21 1921-22	1,420,037 1,266,551	906,460 495,075	96·6 96·5	70·2 59·4	0 2 6 0 3 8	36,190 8,157
Bihar and Orissa...	{ 1920-21 1921-22	969,723 903,595	90,762 36,256	99·49 99·54	68·50 65·71	0 2 5 0 2 8	23,001 7,836
Assam ...	{ 1920-21 1921-22	314,233 291,970	104,703 75,578	94·93 94·82	65·01 58·58	0 3 8 0 4 0	1,700 2,774
United Provinces of Agra and Oudh.	{ 1920-21 1921-22	1,257,130 1,155,705	99,851 64,284	97·14 96·82	71·34 70·23	0 3 4 0 5 2	6,354 1,439
Punjab ...	{ 1920-21 1921-22	650,938 625,079	265,062 227,745	96·41 97·55	72·65 75·35	0 4 5 0 5 11	9,319 4,575
North-West Frontier Province.	{ 1920-21 1921-22	97,405 83,511	18,762 11,708	98·89 97·93	91·38 81·21	0 2 9 0 4 1	2,051 576
Central Provinces and Berar	{ 1920-21 1921-22	377,595 364,961	61,899 45,421	98·18 98·76	61·32 57·85	0 6 7 0 7 6	2,176 1,787
Madras ...	{ 1920-21 1921-22	1,388,593 1,298,102	179,672 176,703	61·5 78·6	45·0 43·5	0 10 8 0 8 8	13,697 9,792
Coorg ...	{ 1920-21 1921-22	5,676 8,181	3,804 4,367	93·95 94·42	76·59 74·62	0 9 2 0 7 6	108 6
Bombay ...	{ 1920-21 1921-22	590,841 581,444	115,751 92,380	99·65 99·62	50·05 46·45	0 15 11 1 2 8	3,336 1,771
Burma...	{ 1920-21 1921-22	483,707 494,960	180,961 160,990	97·48 98·08	55·67 58·44	0 7 9 0 9 7	2,853 987
Ajmer-Merwara ..	{ 1920-21 1921-22	14,154 12,700	258 408	96·58 91·22	84·11 54·41	0 5 1 0 6 3	325 724
Total	{ 1920-21 1921-22	7,582,710 7,105,075	2,041,525 1,392,458	91·69 94·69	68·56 63·08	0 5 4 0 6 8	101,329 40,446

* NOTE.—The figures in this column are for the calendar years 1920 and 1921.

The column, average cost of each successful vaccination, is of very little value for comparative purposes. There is considerable variation between provinces in salaries to vaccinators, and number of supervising staff, especially the European medical staff, and the percentage of cases inspected. For instance in Bengal and Bihar and Orissa a number of licensed vaccinators are employed who receive no salary. It would be impossible to produce comparative figures of any value.

VACCINE LYMPH.

112. Glycerinated calf lymph has replaced lanolated vaccine in all parts of India except Madras and Bengal. The success rate obtained in Madras with lanolated vaccine has been most unsatisfactory for many years, and in 1920-21 fell to 61 per cent. for primary vaccinations. This lack of success is clearly associated with the very severe and widespread epidemics of small-pox from which the Madras Presidency has suffered during the last two years.

Major Cunningham, Director of the King Institute, Madras, is closely investigating the subject of vaccine preparation, and the Director of Public Health reports that so far glycerinated vaccine has produced better results :— 12.9 per cent. in local fund areas and 7.1 per cent. in municipalities.

Vaccine Institutes for the manufacture of glycerinated vaccine are established in the Punjab, United Provinces, Central Provinces, Bombay, Bihar and Orissa, Bengal, Assam and Burma. The high standard of work was maintained in spite of difficulties experienced from the poor quality of calves and the prevalence of epizootics among them. In the Bovine Lymph Dépôt, Patwa Dangar (United Provinces) no less than 178 animals died. The Director of Public Health, Bihar and Orissa, on the advice of the Director, Civil Veterinary Department, has approached Government for approval to the erection of isolation sheds and fencing. Such measures combined with a cattle dip have proved highly efficient at the Belgaum Vaccine Institute.

Many of the Institutes are utilised for the training of vaccinators. At Lahore 55 vaccinators attended a course of instruction lasting a fortnight. Four Assistant Superintendents and 17 vaccinators were trained at the Central Provinces Institute : 5 Supervisors and 71 apprentice vaccinators in Burma.

GENERAL REMARKS.

113. The total number of vaccination operations performed in India amounted to 8,497,533 against 9,624,235 in 1920-21. The decrease was shared by all provinces except the small province of Coorg. Political unrest is again stated to associate with the decrease in work. For primary vaccinations an increase is shown in Delhi, Coorg and Burma, while the decrease is very small in Bombay, Central Provinces and the Punjab. The considerable fall in the number of births since the influenza epidemic of 1918 has to be taken into account in considering a decrease in primary work. India will take many years to recover from the loss of such a large proportion of the adult population. An infant mortality rate higher than normal also tends to lower the number of vaccinations. In any year when small-pox is not epidemic there is a fall in number of re-vaccinations. In 1921-22 the mortality was much lower than in the previous year.

The percentage of success ranged between 78.6 and 99.62 in primary and 43.5 and 81.21 in re-vaccinations. The low percentages in both cases were in Madras, but as compared with the last year the result in primary vaccinations showed an improvement of 17.1 per cent. which is considered to be due to the cessation of vaccination during the hot weather months and the improved quality of the vaccine lymph supplied by the King Institute, Guindy.

The following table gives results inspected by various officers and shows that the results returned by vaccinators are very close to those after inspection. The figures would be closer still if the vaccinators could see all results and then

do away with “ unknown ” cases. This is obviously impracticable and there must always be some discrepancy in figures before and after inspection.

	NUMBERS INSPECTED.		SUCCESS RATES AFTER INSPECTION BY					
			CIVIL SURGEONS AND ASSISTANT DIRECTORS OF PUBLIC HEALTH.		DEPUTY SUPERINTENDENT OF VACCINATION.		DIVISIONAL INSPECTORS.	
	Primary.	Re-vaccinations.	Primary.	Re-vaccinations.	Primary.	Re-vaccinations.	Primary.	Re-vaccinations.
Punjab ...	566,470	172,915	95.54	62.48	95.46	74.45	93.72	58.21
Bombay ...	213,796	9,206	98.48	35.38	98.45	30.86	...	...
Madras ...	955,259	77,215	...	...	76.9	30.6	...	...
Bihar and Orissa ...	550,930	12,585	93.36	59.5	98.35	68.76	98.01	63.07
Assam ...	154,794	40,874	93.67	61.22	90.27	64.39	...	...
Bengal ...	817,944	171,926	*90.9	*49.5	98.2	45.0	96.6	52.5
North-West Frontier Province.	90,181	10,721	93.3	63.24	96.69	80.97	90.23	64.23
United Provinces ...	714,204	21,908	96.26	63.76	93.02	51.83	...	...
Central Provinces ...	205,608	11,676	98.91	42.17	97.34	40.10	...	...
Burma ...	330,283	91,614	98.06	73.60	97.38	54.17	...	...
Coorg ...	1,631	619	100.00	...	93.98	61.39	...	...
Ajmer-Merwara ...	5,486		97.74		96.48		...	...

*Excluding those inspected by Assistant Directors of Public Health.

DELHI.

114. The total number of vaccination operations performed during 1921-22 in the province was 14,859 as compared with 16,253 in the previous year. There was a slight increase in primary vaccinations, but a decrease of 2,037 in re-vaccinations. In the previous year 1,500 coolies in the New Capital area were revaccinated. The result was unknown in 11 per cent. of the total cases. The success rates for primary vaccinations and revaccinations excluding unknown cases were 97.77 and 75.57, respectively. Inspection showed that these figures are accurate. Vaccine lymph is obtained from the Punjab Vaccine Institute. Only 56.7 per cent. of 9,233 infants available for vaccination in Delhi City were successfully vaccinated. The Vaccination Act was applied to Delhi City in 1896.

BENGAL.

115. The total number of vaccinations further fell off from 2,326,497 to 1,761,626. Out of the total number of 41,630 children estimated as available for vaccination in municipal towns 67.3 per cent. were successfully vaccinated. The Vaccination Act is in force in all these towns. The Assistant Superintendents of Vaccination inspected 58.1 and 24.3 per cent. of the total primary and revaccinations of which 96.6 and 52.5 per cent., respectively, were found successful against 96.5 and 59.4 claimed by vaccinators.

The post of a whole time Assistant Director of Public Health has been sanctioned to deal with the subjects of Vaccination and Vital Statistics of the Presidency. A sanitary inspector under the District Boards must now possess a registerable medical qualification and a recognised diploma of Public Health ; he will be appointed Inspector of Vaccination and perform the duties of Superintendent of Vaccination and he has already relieved the district civil surgeons of these duties except in Darjeeling and Noakhali and Chittagong Hill tracts.

The decrease in vaccination this year compared with last year was due to the absence of small-pox in epidemic form this year, the fewer number of vaccinators therefore appointed, the severe prolonged outbreak of cholera in the Sarajganj and parts of the Sadar Sub-Division as well as the non-co-operation movement.

BIHAR AND ORISSA.

116. The total number of operations performed during the year amounted to 939,851, as compared with 1,060,485 during the previous year. The decrease is said to be associated with political unrest interfering with the activity of the licensed vaccinators.

The Director of Public Health has proposed the substitution of licensed vaccinators by paid vaccinators forming part of a scheme for free and compulsory vaccination. He considers that small-pox cannot be effectively dealt with until vaccination is made compulsory. This is true if the Act is enforced, as it used to be in Germany.

The total number of infants available for vaccination was 934,229. 370,510 or 39 per cent. were successfully vaccinated. In municipalities out of 26,347 infants calculated as available 59.3 per cent. were successfully vaccinated. The Vaccination Act is in force in all these towns. In rural areas there seems to be a tendency for parents to postpone vaccination until infants are over 12 months old. Before a compulsory Act is applied universally it will doubtless be ascertained if this tendency is based merely on popular prejudice or on something more solid such as a feeling that infants under one year are too delicate. Such feeling does exist in unhealthy areas in India. The Director of Public Health advocates the emendation of the Act by raising the age from six months to one year.

Inspection showed that the results of vaccination were good. The quality of vaccine lymph issued from the Institute is of high potency. The efficiency of the Institute has been progressive and since 1914 the yield from each calf has been raised from 12.38 grammes to 58.36 grammes. These figures are very remarkable.

ASSAM.

117. The total number of vaccination operations performed in the province during the year was 367,548 as compared with 418,936 in 1920-21. The Director of Public Health attributes the decrease to the political causes. Success rates for primary vaccinations and revaccinations were 94.82 and 58.58, respectively. Civil Surgeons and Assistant Surgeons inspected 3.29 per cent. of primary and 2.68 per cent. of revaccinations against 5.46 and 6.10, respectively, in the previous year. The Inspectors of Vaccination verified the results of over 50 per cent. of operations. The success rates claimed by the vaccinators were confirmed. Glycerinated vaccine lymph is supplied from the Institute at Shillong. Of the 3,502 children available for vaccination in municipal towns 1,485 or 42.40 per cent. were successfully vaccinated. This figure does not mean that over 50 per cent. of children escape vaccination altogether, but that in some areas parents will not have children vaccinated before they are 12 months old. In Sylhet district the Act is applied to some Village Authorities constituted under the Local Self-Government Act.

UNITED PROVINCES.

118. The total number of vaccination operations was 1,219,989 against 1,356,981 in 1920-21. The fall in the number of births is almost sufficient to account for the decline in primary vaccinations. This fall has been steady : the birth rate being now 5 per mille below the quinquennial mean. The Director of Public Health also considers that an unhealthy year and political unrest have been contributory causes.

The success rates for primary vaccinations and revaccinations were 96.82 and 70.23, respectively. The results for primary vaccinations as ascertained by inspecting officers were the same. Glycerinated vaccine lymph was issued from the Patwa Dangar Institute. A small quantity of "glycerine paste" was manufactured. Lanolated vaccine was not made during the year and has not been made in any quantity since 1907.

Of the 82,442 infants estimated as available for vaccination 66,494 or 80.6 per cent. were successfully vaccinated. The Vaccination Act is in force in all Municipalities, Notified Areas and Cantonments. One Municipality, Ghazipur, desired the Act to be withdrawn from the town, but the request was refused. It is interesting to note that the percentage of available infants successfully vaccinated in this town was 142.

PUNJAB.

119. The total number of operations performed by all agencies during the year amounted to 852,824, showing a decrease of 63,176 as compared with the previous year. The decrease occurred in both primary and revaccinations and the Director of Public Health considers the chief contributory causes were (1) the excessive infantile mortality, (2) the non-co-operation movement, and (3) the indifferent and unsympathetic attitude of the people towards vaccination. The success rates of district staff for primary vaccinations and revaccinations were 97.68 and 74.86, respectively. Both figures were slightly in advance of those recorded last year. Glycerinated vaccine was issued from the Vaccine Institute at Lahore and was of the accustomed potency.

It was decided during the year to abolish the posts of Divisional Inspectors. Certain municipalities appointed untrained men as vaccinators, and their attention was drawn to the rules.

The number of successful vaccinations performed on children under one year of age in municipalities was slightly in excess of those performed last year, the figures being 49,087 and 48,534. In the towns in which the Vaccination Act is in force, 82 per cent. of the total number of children available for operation were successfully vaccinated as against 77 per cent. in those in which it is not in force. The Act was extended to four Notified Areas during the year.

NORTH-WEST FRONTIER PROVINCE.

120. The total number of vaccinations performed in the settled districts and agencies during the year was 100,219 compared with 116,167 in 1920-21. The decrease chiefly occurred in Hazara district, where three vaccinators had to be dismissed for persistently neglecting their work. Other causes which hampered the vaccination were—a decrease of 5,675 in the number of births, the prevalence of cholera and malaria.

The percentage of successes recorded by Civil Surgeons was 93.30 for primary and 63.24 for revaccinations, while the rates as ascertained by inspections by Divisional Inspectors and Superintendents were 90.23 and 96.69 for primary and 64.23 and 80.97 for revaccinations respectively.

In many cases in the municipal towns the number of operations is greater than the children available for vaccination. This may be due to the fact that many people from across the border when passing through submit their children for vaccination and also to the death of infants after vaccination. In the towns in which the Vaccination Act is in force 105 per cent. of available infants were successfully vaccinated: the percentage for towns in which the Act is not in force was 78.

CENTRAL PROVINCES.

121. The total number of vaccinations performed by all agencies during the year was 410,382 against 439,494 in 1920-21. In the opinion of the Director of Public Health the continued fall in the birth rate, famine conditions and the unusual prevalence of epidemic disease in some districts were largely responsible for the decrease, but evidence exists of interference with work on the part of political agitators.

The success rates for primary vaccinations and revaccinations as reported by vaccinators came to 98.76 and 57.87, respectively. Civil Surgeons and Superintendents of Vaccination inspected 6 per cent. and 50 per cent. of primary vaccinations and reported success rates of 98.91 and 97.34.

The number of children under one year of age successfully vaccinated in the municipal towns amounted to 25,594. Though it is higher than in the previous year, the work is not considered to be satisfactory as during the course of his tours the Director of Public Health found a good number of unvaccinated children in many of the towns.

The Vaccination Act is applied to all municipal towns. 28,324 infants were calculated as available and 25,594 or 90 per cent. were successfully vaccinated. The Director of Public Health considers this figure to be unduly flattering. The work in Jubbulpore is unsatisfactory : in spite of a low birth rate indicating defective registration the percentage of available infants vaccinated was of 60. Vaccination in rural areas remained voluntary as before.

MADRAS.

122. Compared with the previous year the total number of vaccinations during 1921-22 shows a decrease of 93,465. The main causes of the decrease were cessation of routine vaccination in almost all districts from two to four months during the hot season, the decreased prevalence of small-pox, the non-co-operation movement and the disturbed condition of Malabar district. The question of compulsory re-vaccination is now under consideration.

For some years the success rate for primary vaccination has been very low, and fell to 61.5 in 1920. In 1921 there was a welcome rise to 78.6, a figure which still leaves ample room for improvement. The matter is receiving the close attention of the Director of Public Health and the Director of the King Institute, Guindy.

There was an increase of 62,985 in the number of children under one year of age successfully vaccinated. In municipal towns out of 78,644 infants calculated as available 46,927 or 59 per cent. were successfully vaccinated. The Vaccination Act is in force in all.

78 per cent. of vaccinal operations were inspected by Deputy Inspectors of Vaccination.

BOMBAY.

123. Except for 5,570 vaccinations with fresh calf-lymph in Bombay city all work was done with glycerinated calf vaccine. Alterations to the cold storage room at the Belgaum Vaccine Institute whereby a more even temperature is maintained has apparently influenced the keeping properties of stored vaccine. Some increase in opposition to vaccination was also reported from other districts. The influence on vaccinal operations was not being marked and a total number

of 673,824 operations was reached against 706,592 in 1920-21. The growth of this anti-vaccination movement must give rise to great anxiety to all anxious to secure the well being of children in this country.

A high success rate of 99.62 was reported for primary vaccinations. This is remarkable as work is carried on through the year, even in Sind. The results of 253,174 vaccinations or 37.79 per cent were checked by examination. The success rate of primary vaccinations as ascertained after inspection by the Assistant Directors of Public Health was 99.03 and by Inspectors 98.65.

Bombay is probably unique in that the Vaccination Act has only been applied to 11 municipal towns out of 113. In spite of this vaccination figures compare favourable with those of other provinces. Out of 60,603 infants calculated as available 62,743 or 103 per cent were successfully vaccinated.

BURMA.

124. The total number of operations performed during the year was 655,950 against 674,668 in 1920-21. The decrease was in re-vaccinations and was due mainly to the great reduction in Yamethin district owing to the close of the special vaccination campaign.

In 60 towns in which vaccination has been made compulsory 41,110 primary and 46,208 revaccinations were performed, an increase over last year's figures of 5,158 and 9,992, respectively. Out of 22,291 infants calculated as available in municipal towns 25,789 or 116 per cent. were successfully vaccinated. The Director of Public Health considers there is evidence to show that in many municipal towns a large percentage of births is unregistered.

The Civil Surgeons and Health Officers inspected 10.94 per cent of primary and 12.06 per cent of revaccinations, while the Supervisors of Vaccination verified 55.80 and 44.48 per cent respectively. The per centages of success were, respectively 98.06 and 73.60 and 97.38 and 54.17 against 98.07 and 58.46 claimed by vaccinators.

VACCINATION AMONG TROOPS.

125. Particulars of vaccination in the Army will be found in Statement III of the Appendix to this Section.

SECTION VI.

MEDICAL INSTITUTIONS.

(Contributed by the Director-General, Indian Medical Service).

1. State Public, Local Fund and Private-aided Civil Hospitals and dispensaries.

126. There were 3,326 of these institutions in existence at the end of 1920 during 1921 the number increased by 128 giving a total at the end of the year of 3,454.

The total number of patients treated has increased from 35,858,660 in 1920 to 37,137,200 in 1921. The number of operations has increased from 1,100,262 in 1920 to 1,115,729 in 1921, an increase of 15,467.

The following tabular statement compares the figures of 1920 with 1921 for all provinces :—

Province.		Number of Institutions.	Number of Inpatients.	Number of Outpatients.	Total number of patients	Number of operations.
Delhi	... { 1920 1921	14 14	3,204 9,467	44,639 325,511	47,843 334,978	16,876 16,001
Bengal (excluding Calcutta)	... { 1920 1921	535 566	46,332 43,766	5,449,567 5,676,016	5,495,899 5,719,782	103,222 102,516
Calcutta	... { 1920 1921	19 19	37,559 36,167	382,989 348,126	420,548 384,293	41,976 41,063
Assam	... { 1920 1921	186 193	9,388 10,111	1,621,779 1,618,521	1,631,167 1,628,632	26,727 25,790
Bihar and Orissa	... { 1920 1921	283 298	41,910 41,883	2,844,520 2,920,740	2,886,430 2,962,623	148,424 153,817
Central Provinces	... { 1920 1921	195* 195	19,444 20,413	1,914,246 1,877,743	1,933,690 1,898,156	54,495 53,968
United Provinces	... { 1920 1921	480 484	85,061 84,702	5,703,870 5,634,022	5,788,931 5,718,724	237,975 245,462
Punjab	... { 1920 1921	366 398	96,783 93,005	4,512,863 4,921,076	4,809,646 5,014,081	250,568 251,993
Burma	... { 1920 1921	199 207	79,402 79,858	1,798,982 1,806,086	1,878,384 1,885,944	56,227 57,181
Bombay	... { 1920 1921	387 397	74,947 77,893	2,377,104 2,432,103	2,452,051 2,509,996	101,739 99,150
Madras	... { 1920 1921	592† 604	125,910 128,881	7,672,562 7,861,732	7,798,472 7,990,613	21,537 25,759
North-West Frontier Province	{ 1920 1921	46 53	10,578 11,971	647,737 750,342	658,315 762,313	34,108 35,380
Baluchistan	... { 1920 1921	24 26	6,415 8,536	250,869 318,529	257,284 327,065	6,388 7,649
Total	... { 1920 1921	3,326 3,454	636,933 646,653	35,221,727 36,490,547	35,858,660 37,137,200	1,100,262 1,115,729

* Two travelling dispensaries were erroneously shown in the report of the Central Provinces for 1920.

† Two were shown less in the report of the Madras Presidency for 1920.

DELHI.

127. Twenty-five dispensaries were open during the year, *i.e.*, two in excess of those during 1920, of these 9 are State special hospitals, 14 provided by local funds and 2 of Railways.

The total expenditure on medical aid was Rs. 267,499 against 233,955 in 1920. A great deal of important work in connexion with buildings has had to be postponed owing to the present financial stringency. The want of accommodation has, however, no adverse effects on the popularity of the dispensaries. The surgical and selected operations performed during the year numbered 17,450 and 3,401, respectively.

BENGAL (EXCLUDING CALCUTTA).

128. Thirty-six dispensaries were opened during the year and 3 were closed as compared with 33 opened and 4 closed in 1920. There was thus a net increase of 33 dispensaries as compared with 29 in the preceding year.

The total number of dispensaries at work on the last day of the year was 827 against 794. The District Boards of Khulna and Faridpur took advantage of the permission given by Government in 1920 to District Boards to establish maintain and make grants to dispensaries following systems of medicine other than allopathic, and established one Ayurvedic and one homoeopathic dispensaries, respectively, in those districts last year.

Medical relief was afforded to 7,564,957 patients outside Calcutta as compared with 7,311,782 in the year before, or an increase of 253,175 patients. Leaving out 152,616 patients treated at the newly opened dispensaries the normal increase amounts to 100,559.

Of the above number, 70,053 patients attended the in-door departments and the rest received out-door relief. The daily average attendance of inpatients at classes I, III, and IV institutions was 1,602.79 and the death rate among them 10.07 per cent. as compared with 176,350 and 10.18 per cent. respectively in 1920. The smaller daily average attendance is due to the restricted admission of patients owing to the inability of many Local Fund and Private aided institutions to meet the cost of diet and treatment.

The scheme for a leper colony received the general approval of Government, and sanction was given to the acquisition of the necessary land in the district of Midnapore at a cost of Rs. 52,559. It was feared that the detailed plans and estimates would be delayed, as directions which the Public Works Department require for their preparation cannot be given by any one except the Revd. Mr. Frank Oldrieve, the Secretary to the Mission to Lepers in India, who is now absent in England. A letter incorporating his views has now been received, and it is hoped the lay-out of the site and plans of buildings will shortly be commenced.

The surgical work of district hospitals and dispensaries of all classes, taken together, fell off slightly 131,629 operations having been done in them as compared with 132,058 in 1920.

The total *receipts* of classes I, III and IV hospitals and dispensaries amounted to Rs. 19,23,534 and their *expenditure* (excluding amounts invested) Rs. 17,65,466 as compared with Rs. 16,63,620 and Rs. 16,28,298, respectively in the preceding year.

CALCUTTA.

129. The most notable events of the year were the opening of the Calcutta School of Tropical Medicine and Hygiene and of the attached Carmichael Hospital for Tropical Diseases, which took place on the 15th November and 1st December respectively, and also the opening of a 3rd Government Medical School, *viz.*, the Ronaldshay Medical School, Burdwan in the middle of the past year.

Two Medical institutions were added to the list of Calcutta Hospitals and Dispensaries, *viz.*, the outdoor dispensary at Kailaghat, established by the Eastern Bengal Railway for the benefit of the staff of the Railway offices, and the Carmichael Hospital for Tropical Diseases. Against this the Ripon Street branch of the Mayo Hospital was closed after 2 months' working owing to want of funds. The number of Calcutta institutions was therefore 24.

Altogether 445,088 patients attended these institutions (including 3,221 patients treated in the defunct Ripon Street Dispensary in the 2 months it was open), of whom 41,368 were in-patients and 403,720 out-patients, the number treated in 1920 having been 41,824 in-patients and 440,286 out-patients, or a total of 482,110. Thus there were 37,022 fewer patients treated during the past year. The decrease occurred almost entirely in the out-door departments. The Mayo group of hospitals share the largest decrease, *viz.*, 29,132, the reason being that the wards and buildings of the main hospital remained closed for 8 months, due to repairs, that the opening out of new roads in and about the Chandney Hospital area scattered many of the poor patients who used to attend that hospital and that the Ripon Street branch was closed after 2 months' working. The Carmichael Hospital for Tropical Diseases treated 43 in and 1,255 out-patients in the one month it was in operation.

Twenty-six beds were added by the opening of the Special Department over the Elliot Ward of the Campbell Hospital for eye, nose and throat cases.

There were 44,056 surgical operations performed during the year as compared with 45,223 in the year before. The falling off is mainly due to the closure of the Ripon Street, Dispensary, where a good amount of surgical work used to be done.

The total receipts of Classes I, III, and IV institutions amounted to Rs. 32,45,988 as compared with Rs. 26,17,463 in the preceding year, or an increase of Rs. 6,28,525.

ASSAM.

130. There were 252 medical institutions on the list in 1921, as compared with 247 in 1920. Fourteen new institutions were opened and nine were closed during the year.

The total number of in-and out-patients treated at the State-Public, Local Fund and private-aided hospitals and dispensaries was 1,628,632 in 1921 against 1,631,167 in 1920, *i.e.*, a decrease of 2,535. Ten districts show an increase and five a decrease in patients treated. An increase of over 15,000 patients was registered in the district of Goalpara, which is attributed to the opening of a new dispensary at Tamarhat, the prevalence of Influenza and cholera in the district the unhealthiness of certain localities on account of floods, the influx of people into Bogribari in connection with the famine relief loan, and the increased popularity of the hospitals generally in the district. The decreases do not call for special comment except in the case of the Sylhet district where the total decreased numbered 31,799 which is attributed to the following causes—

the transfer of travelling dispensaries to other districts in connection with kala-azar work, the diminution in sickness and the absence of epidemic diseases in certain localities in the district, the refusal of the Benodini Debi Municipal Dispensary Committee to supply medicines to people residing outside the Sylhet Municipal limit, and the saw-mill at Bhanga having made its own arrangements for the treatment of its establishment.

The total number of in-patients treated rose from 9,388 in 1920 to 10,111 in 1921, and the daily average number of in-patients from 443.17 in 1920 to 495.52 in 1921.

While the total number of out-patients treated was somewhat less than in the previous year, *viz.*, 1,618,521 against 1,621,779 the average daily attendance was a little higher, *viz.*, 6,366 against 6,185.

The details of surgical operations performed in the State-Public, Local Fund and Private-aided dispensaries are as follows :—

	1920.				
	PERCENTAGE OF			PERCENTAGE OF	
	Cure.	Death.		Cure.	Death.
Operations (both selected and non-selected) 26,726	97.14	.20	25,790	96.96	.30
Selected operations 793 ... ..	...	...	777	...	...

The income and expenditure of the State-Public, Local Fund and Private-aided institutions during the year as compared with that of the previous year is summarised below :—

Year.	Income.	Expenditure.	Government contribution.	Local and Municipal fund contribution.	Subscriptionns and donations.		Percentage of total outlay charged to Provincial revenues.
					Europeans	Indians.	
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
1920	6,38,441	4,96,564	2,53,863 or 39.75%	1,79,361 or 28.09%	5,780	27,880	51%
					or 5%		
1921	7,22,229	5,83,579	3,39,669 or 47.03%	1,83,737 or 25.44%	6,003	24,766	58%
					or 4%		

BIHAR AND ORISSA.

131. The year commenced with 434 and ended with 454 hospitals and dispensaries of all classes, the net increase in number being 20 against 6 in the preceding year. The total number of hospitals and dispensaries opened during the year was 25, of which 14 were opened by District Boards; three each in the districts of Balasore and Manbhum, two in Palamau and one each in Gaya, Shahabad, Muzzafarpur, Purnea, Hazaribagh and Singhbhum.

Altogether 4,003,991 patients were treated in 1921 in all classes of hospitals and dispensaries as compared with 3,851,953 in 1920, there being an increase of 152,038 patients or of 3.95 per cent. over the figures for 1920. Of the total

number treated 67,850 were in-patients and 39,36,141 out-patients against 67,095 and 3,784,858, respectively, in the previous year. The largest number of patients—both in and out (142,166)—were treated at the Jamshedpur Hospital followed by the Dharbhanga Raj Hospital with 72,021 patients while the largest number of in-patients (3,207) was treated at the Patna General Hospital which is the premier institution in the Province.

The urgent need in this Province is a Leper Colony and then the Act can be satisfactorily enforced. This is likely to be accomplished in the near future with the aid of the Santal Mission, who propose to form a Leper Colony on satisfactory lines in the Santal Parganas.

The total number of surgical operations performed in all classes of hospitals and dispensaries advanced from 182,487 in 1920 to 192,081 in the year under review.

Excluding the opening balance the total income of hospitals and dispensaries in classes I, III, and IV amounted to Rs. 15,94,726 against Rs. 16,10,219 in 1920.

The new Radium Institute at Ranchi is now being built and should be completed by the end of this year. In the meantime Lieutenant-Colonel J. C. S. Vaughan, I.M.S. (retired), who has been appointed as the first Superintendent has taken over his duties, and has commenced work in a private house until the institute is ready.

The work on the Medical College is being actively pushed forward, and with the Prince of Wales's Fund to assist, the financial position is now more satisfactory.

CENTRAL PROVINCES.

132. 297 hospitals and dispensaries were shown as remaining at the close of the last year but there were actually 294, two travelling dispensaries and one private non-aided dispensary having been erroneously included in 1920. During 1921, nine new dispensaries were opened and 5 closed; thus at the end of the year 1921 there were 298 dispensaries.

The total number of in-door and out-door patients treated was 1,898,156 against 1,933,690 in 1920, a decrease of 35,534.

The number of in-patients increased from 19,444 in 1920 to 20,413 in 1921, an increase of 969. The number of outdoor patients treated declined from 1,914,246 in 1920 to 1,877,743 in 1921, a decrease of 36,503.

Under Class II—Others—four new temporary dispensaries were opened at Famine Relief Camps in the Mandla district and they were also closed during the year. Thus there was no change in the number of dispensaries under this class. There was also no change in the number of dispensaries for Police, Forest and Canals as compared with that for 1920. Two new railway dispensaries were opened during the year 1921.

There was a slight fall in surgical operations performed during the year under report. These totalled 53,968 against 54,495 last year; the number of selected operations was 4,171 against 4,747 last year.

The total expenditure amounted to Rs. 10,65,549 against Rs. 9,36,107 in 1920, an increase of Rs. 1,29,442.

The revised rules for the sale of medicines to the well-to-do have been brought into force at all the dispensaries in the Province, but the system is not working satisfactorily. The system is irritating and productive of little result and leads to unpopularity of the dispensaries. A further revision is under the consideration of the Government.

Hitherto female students were being sent only to the Agra Medical School for training as Sub-Assistant Surgeons, but from July 1921, arrangements have been made for their training also at the Robertson Medical School, Nagpur.

It is proposed to transfer the management of hospitals and dispensaries to Local Bodies and the matter is now under the consideration of the Government.

UNITED PROVINCES.

133. On the 1st January 1921, there were 661 hospitals and dispensaries of all classes open and on the 31st December 1921, there were 662, or an increase of only one institution.

The number of patients treated at the state, public, local fund and private aided dispensaries was 5,788,931 in 1920, or a decrease of 70,207.

During the year 157 patients were admitted to the King Edward VII Sanatorium at Bhowali.

The number of operations performed at these hospitals was 18,835 with 26 deaths against 20,017 and 21 deaths during the previous year.

The number of surgical operations performed during 1921, was 245,462 against 237,975 in 1920.

The total income of the hospitals and dispensaries during the year under report was Rs. 25,51,484 against Rs. 24,20,510 in 1920 and the total expenditure Rs. 24,46,754 as compared with Rs. 22,47,726.

The system of charging patients able to pay has continued to work satisfactorily.

PUNJAB.

134. The year opened with 540 hospitals and dispensaries of all classes and closed with 583 working ; 45 were opened beating the record of 1920 by 6 and 2 were closed during the year.

The number of patients of all classes treated during the year was 5,014,081 (in-patients 93,005, out-patients 4,921,076) as compared with 4,609,646 (in-patients 96,783, out-patients 4,512,863) in 1920.

The number of operations performed during the year was 251,993 as compared with 250,568 in 1920. The total income of hospitals and dispensaries was Rs. 33,42,028 as compared with Rs. 26,14,244 in the preceding year. The total expenditure amounted to Rs. 32,02,621 against Rs. 24,15,570 in 1920.

The Province now has its full complement of Indian Medical Service Civil Surgeons.

BOMBAY.

135. The total number of institutions open on 31st December 1921, was 778 as compared with 740 in the previous year. The total number of patients treated during the year was 2,509,996 as compared with 2,452,051 in 1920, an increase of 57,945, or 2.4 per cent.

During the year 99,150 surgical operations were performed against 101,739 in the previous year. The total income exclusive of the cash balance amounted to Rs. 45,12,373 as compared with Rs. 40,79,765 in 1920. The total expenditure amounted to Rs. 44,82,019 as compared with Rs. 40,08,377 in the previous year.

BURMA.

136. The total number of hospitals and dispensaries open at the close of the year was 278 as compared with 271 a year previously. Eight hospitals, closed during the war, were reopened while the Canel Dispensary, Yesu, and Contagious Hospital, Mandalay, were closed. There are now six travelling dispensaries. The total number of patients treated was 1,885,944, an increase of 7,560 as compared with 1920.

The total number of operations was 57,181, an increase of 954 on last year but the increase was confined to minor operations. Taking round numbers, expenditure has risen from 23 to 28 lakhs. Some of the increase has been due to non-recurring expenditure, how much it is impossible to say, but certainly over one lakh.

The female section of the new lunatic asylum is practically finished and only waits electric and sanitary fitting to be ready for occupation. The hospital at Victoria Point is well advanced, new out-patients' departments have been opened at Shwebo, Kyaiklat, Lashio, Taungyi, and Kyaukpyu. Three new wards have been added to Myitkyina and two at Maymyo Hospitals. A maternity ward at Maymyo, a surgical ward at Akyab and an in-patient's department at Falam have been begun. A dispensary at Kayan, maternity wards at Thongwa and Tavoy, all built by private subscriptions are almost completed. New hospitals at Bhamo and Pegu will be begun during the present year and I hope at Buthidaung and Labutta. Plans for a Home for Incurables in Rangoon, extensions to the Dufferin Hospital, a new Contagious Diseases Hospital in Rangoon, a new surgical ward and operation theatre at Myaungmya are at present being drawn up, and a large number of minor improvements to existing buildings have been carried out.

MADRAS.

137. There were 739 institutions open on 31st December 1920. During the year under report 31 more were opened and 28 were closed leaving 742 institutions open on the last day of the year 1921.

There were 46 State-Special and 47 Railway dispensaries at the beginning of the year. At the end of the year the State-Special institutions numbered 34. The number of Railway dispensaries remained the same. In these institutions, 5,037 in-patients with 18 deaths and 321,477 out-patients were treated as against 8,682 inpatients with 45 deaths and 283,324 out-patients treated during the previous year. The number of operations returned by these institutions was 317 on in patients with no deaths and 10,590 on out-patients as compared with 457 on in-patients with 5 deaths and 4,323 on out-patients returned in the previous year.

There were 592 open at the beginning of the year, 22 were opened and 10 were closed, leaving 604 open at the end of the year. 7,990,613 patients were treated in these institutions as compared with 7,798,472 treated in the previous year showing an increase of 192,141.

314,055 operations were performed on 306,377 patients as compared with 302,384 operations on 296,637 patients in 1920, showing an increase of nearly 12,000 operations.

The total receipts during the year under report amounted to Rs. 56,76,908 as compared with Rs. 52,47,936 in 1920, showing an increase of more than 4 lakhs of rupees.

The total expenditure during the year amounted to Rs. 56,63,845 as against Rs. 52,28,254 in 1920.

The number of these officers doing duty in the Madras Presidency at the end of 1921 were 30 of whom 16 were in Madras.

NORTH-WEST FRONTIER PROVINCE.

138. During the year 11 new dispensaries were opened. Of these four were travelling dispensaries. The total number of in-patients treated was 11,971, compared with 11,664, the average for the preceding five years.

The total number of civil out-patients treated during the year (excluding those in police and other State-special institutions), was 750,342 with a daily average of 3,368.01. The corresponding figure for the preceding year was 655,265 with a daily average of 2,952.83.

The total number of surgical operations performed was 35,380 compared with 34,108 in 1920.

The expenditure on medical institutions in the Province was Rs. 4,32,763. The income derived was 4,32,762.

In March, the King Edward Memorial Hospital was opened in the Gorkhatri, Peshawar City, with Miss Headwards, F.R.C.S.E., as medical officer in charge. Considerable difficulty was experienced in obtaining a trained Indian staff. The building itself was put into excellent order before the opening and the hospital is proving a most useful addition to the medical institutions of Peshawar City.

Following the decision not to move the Egerton Hospital, but to extend it when adjacent land can be acquired, certain improvements to the existing buildings were carried out. The out-patient department was remodelled, the small single wards improved and the latrines rebuilt.

A Tuberculosis Institute was opened in Peshawar City, not to act as a hospital for tuberculosis cases but for prophylactic and propaganda work. At the Institute, suspected tuberculosis cases are seen, examined and given treatment but not detained.

BALUCHISTAN.

139. The number of dispensaries opened during the year was 40, an increase of 6.

The total number of cases treated at the dispensaries rose from 326,366 in 1920 to 435,710 in 1921.

II.—STATE-SPECIAL, RAILWAY AND PRIVATE NON-AIDED CIVIL HOSPITALS AND DISPENSARIES.

140. The two following tables show the number of institutions open and give details of the work done in each province.

State-Special and Railway Hospitals.

Province.			Number of Insti- tutions.	In-patients.	Out-patients.	Total.	Operations.	
Delhi	...	...	1920	9	2,954	42,662	45,616	1,447
			1921	11	2,785	46,714	49,499	1,449
Bengal (excluding Calcutta).	Cal-	...	1920	102	18,536	410,845	429,381	8,373
			1921	103	18,636	427,767	446,403	9,661
Calcutta	...	...	1920	1	2,968	3,653	6,621	186
			1921	2	3,962	1,207	5,169	343
Assam	...	...	1920	54	5,002	85,577	90,579	1,097
			1921	52	5,966	86,698	92,664	934
Bihar and Orissa	...	...	1920	74	7,306	225,187	232,493	7,734
			1921	81	7,521	212,311	219,832	10,788
Central Provinces	...	...	1920	61	3,709	213,044	216,753	4,111
			1921	63	4,014	213,978	217,992	3,344
United Provinces Province	...	...	1920	128	16,715	388,767	405,482	8,874
			1921	125	19,924	385,008	404,932	9,103
Punjab	...	...	1920	166	7,528	643,257	650,785	19,323
			1921	176	7,319	684,566	691,885	20,634
North-West Frontier Province.	...	...	1920	24	7,232	85,487	92,719	3,006
			1921	24	10,093	109,426	119,519	3,246
Baluchistan ...	...	...	1920	8	1,737	43,213	44,950	1,240
			1921	11	2,077	67,124	69,201	1,857
Burma	...	...	1920	72	18,659	199,762	218,421	5,185
			1921	71	15,704	200,326	216,030	5,740
Bombay	...	...	1920	82	10,690	296,327	307,017	6,404
			1921	82	10,244	315,327	325,571	7,847
Madras	...	...	1920	93	8,682	283,324	292,006	4,780
			1921	81	5,037	321,477	326,514	10,847
Total			1920	874	111,718	2,921,105	3,032,823	71,710
			1921	882	113,282	3,071,929	3,185,211	85,788

Private non-aided Institutions.

Province.			Number of insti- tutions.	In-patients.	Out-patients.	Total.	Operations.
Bengal (excluding Calcutta)	{	1920	157	5,521	1,223,785	1,229,306	20,463
		1921	158	7,351	1,336,769	1,344,420	21,385
Calcutta ...	{	1920	3	1,297	53,644	54,941	3,061
		1921	3	1,196	53,132	54,328	2,650
Assam ...	{	1920	7	1,510	34,486	35,996	356
		1921	7	758	32,795	33,553	308
Bihar and Orissa	{	1920	77	17,879	715,130	733,009	26,028
		1921	75	18,446	763,059	781,505	27,481
Central Provinces	{	1920	38*	4,408	159,934	164,342	3,204
		1921	40	2,379	178,481	180,860	3,297
United Provinces	{	1920	53	18,557	389,277	407,834	11,143
		1921	53	13,262	374,060	387,322	9,804
Punjab ...	{	1920	8	1,540	72,334	73,874	2,867
		1921	9	1,537	62,320	63,857	2,267
North-Western Frontier Province.	{	1920	5	1,379	41,181	42,560	4,538
		1921	4	2,001	36,732	38,733	5,822
Baluchistan ...	{	1920	2	126	24,006	24,132	465
		1921	3	158	39,286	39,444	759
Bombay ...	{	1920	271	13,061	1,491,750	1,504,811	53,424
		1921	299	15,631	1,430,284	1,445,915	53,434
Madras ...	{	1920	54	14,148	357,877	400,623†	17,166
		1921	57	18,783	380,566	399,349	15,994
Total	{	1920	675	79,426	4,563,404	4,671,428†	142,716
		1921	708	81,802	4,687,484	4,769,286	143,201

* One dispensary was erroneously shown in excess in last year's report of the Central Provinces.

† Including 28,598 patients for which detailed information is not available.

III.—LUNATIC ASYLUMS.

141. The attached table gives the number of lunatic asylums in each province during 1921, the total population of such institutions in each province and the

number discharged cured and died. The totals for all-India are given for the year 1920 and 1921.

Province.	Number of Asylums.	Admitted and readmitted during year.	TOTAL ASYLUM POPULATION.			Discharged cured.	Died.	Daily average strength.	Daily average sick.	Criminal lunatics.	
			Males.	Females.	Total.						
Bengal ...	4	188	973	185	1,158*	106	66	957·68	130·33	530	
Assam ...	1	108	418	103	521	49	24	426·62	55·04	212	
Bihar and Orissa ...	2	111	391	138	529	48	41	421·00	61·88	150	
United Provinces ...	3	378	1,439	327	1,766	199	191	1,364·27	230·07	336	
Punjab ...	1	354	964	240	1,204	138	97	864·58	36·13	197	
Central Provinces ...	1	95	389	101	490	50	43	393·30	18·20	128	
Bombay ...	6	506	1,509	429	1,938	225	157	1,436·2	61·4	254	
Madras ...	3	345	941	296	1,237	133	82	917·29	104·30	189	
Burma ...	2	209	902	174	1,076	87	67	869·46	152·33	433	
Total ...	1920	23	2,619	8,134	2,023	10,157	1,019	802	7,608·34	870·88	2,406
	1921	23	2,294	7,926	1,993	9,919	1,035	768	7,640·80	849·68	2,429

* Excluding observation cases.

In Bengal the number of asylums was 4 including the temporary observation ward at Bhawanipur. There was no overcrowding in any of the Bengal asylums. The additional barrack for 24 male lunatics that was constructed at Dacca in 1920 was taken into use.

The types of insanity of the cured cases were 55 mania, 21 melancholia, 24 insanity caused by cannabis indica, 3 delusional insanity, 2 alcoholic insanity and others 1.

The health during 1921 was not good. There was prevalence of phthisis, dysentery, fever and influenza at Berhampore and of influenza and dysentery at Dacca.

The Ranchi European Mental Hospital had a total population of 127 male and 86 female patients during the year. 39 were discharged as cured. The daily average strength was 152. The accommodation is for 92 males and 88 females. Criminal lunatics were 12. There was no case of epidemic disease.

The Patna Asylum treated 316 cases, of which 9 were cured. The number of criminal lunatics was 138.

The health of the three asylums in the United Provinces was good during the year. Out of a total population of 1,766 cases in the 3 asylums of the United Provinces 199 were discharged cured.

A slight outbreak of influenza in the male asylum at Lahore accounted for 9 deaths. Cholera visited both sections of the asylum during the summer and lingered for some weeks.

The total population of the asylums of Bombay in 1921 was 1,938. The principal causes of death at the several asylums taken together were phthisis, pneumonia, valvular disease of the heart, anæmia, influenza and dysentery.

The investigation and treatment of intestinal parasites is receiving careful attention in the asylum of the Central Provinces. 11.11 per cent. of the new admissions were already infected with ankylostomes. As a routine measure, treatment by means of Manson's Mixture is carried out for all inmates.

The daily average strength rose from 398 in 1920 to 426 in 1921 in the provincial lunatic asylum of Assam at Tezpur.

The total population of the asylums in Madras in 1921 was 1,237. 133 were discharged cured. There were no escapes during the year.

There was a slight rise in the total population of the 2 asylums in Burma, in both of which there has been overcrowding. The number of criminal lunatics continues to increase.

IV.—MEDICAL COLLEGES.

BOMBAY.

142. *Grant Medical College*.—At the beginning of the year the number of students on the rolls was 1,155. Of these 161 left the College on completion of their five years' course of study, and 143 junior students left owing to their failure in the University pre-final examination ; 310 new students were admitted into the College during the year. Of these 160 students joined the second year course, having passed their preliminary scientific examination from the different Arts Colleges in the Presidency. The total number at present on the rolls is 1,161.

The following statement shows the number of candidates who presented themselves for the various examinations, and the number who passed :—

Examination.				No. of candidates.	PASSED.	
					Males.	Females.
M. B. B. S.—						
Preliminary	...	...	...	181	111	13
Intermediate	...	...	..	467	218	8
Final	Part I	...	...	246	132	8
	Part II	...	...	261	121	5
M. D.—						
Branch I.—Medicine	...	...	...	9	4	...
Branch II.—Midwifery	...	..	...	1	...	...
BACHELOR OF HYGIENE—						
M. and S.	...	...	...	2	...	...

Military Medical pupils.

At the beginning of the year there were 16 pupils. Of these 5 passed out, one was invalided, one died and 1 was allowed to resign.

No fresh pupils were admitted in June last.

The number at present on the rolls is 8.

MADRAS.

143. *Madras Medical College.*—There were 634 students on the rolls of the college distributed as follows :—

Madras Medical College.

Class.	Males.	Females.	Total.
M. B. & B. S.	277	22	299
L. M. & S.	110	9	119
Apothecary	55	32	87
Chemist & Druggist Class	8	...	8
Sanitary Inspector Class	59	...	59
Sanitary Inspectors deputed for quinquennial training ...	6	...	26
Civil Assistant-Surgeons under post-graduate training ...	20	...	20
B. S. S. C. class (including 1 for Junior Health officers grade.)	16	...	16
Total ...	57	63	634

14 military pupils were admitted during the year.

The following table details the number of students who sat for the University examination and the number who passed :—

Examination.	Number examined.	Number passed.
L. M. S.—		
1st Examination (<i>new</i>)	7	6
2nd Examination (<i>new</i>)	36	15
3rd Examination (<i>new</i>)	32	26
Final Examination (<i>new</i>)	49	22
M. B. and B. S.—		
1st Examination	154	88
2nd Examination	115	59
3rd Examination	101	57
Final M. B. and B. S.	81	38
Total ...	575	311

The temporary military assistant surgeons who reverted from military employ to complete their studies qualified in October 1921.

Of the regular final year military pupils, ten passed the final qualifying examination in October 1921, two in January 1922 and nine in March 1922. The remaining four final year pupils were remanded for re-examination till October 1922. Two of the third year pupils having been convicted of criminal offences were removed from the College.

Two military pupils passed the first M. B. and B. S. examination of the University of Madras in March last, one the second M. B. and another the second L. M. and S. examination.

PUNJAB.

144. *Lahore Medical College*.—The total number of students on the rolls of the College was 439 :—

Government scholarship holders	Punjab ..	..	29
	North-West Frontier Province ..	..	6
	Non-Government scholarships ..	..	28
	Other Students ..	..	376
Total ..			439

The following statement gives the number of students who appeared for the University examinations and the number who passed :—

Examination.	Number of candidates.	Passed.
1st M. B., B. S.	102	73
1st M. B., B. S. (Supplementary)	5	4
2nd M. B., B. S.	64	63
Final M. B., B. S.	51	34
Final M. B., B. S. (Supplementary)	5	3
M. D. Examination	3	2
1st M. P. L.	88	69
1st M. P. L. (Supplementary)	25	20
2nd M. P. L.	70	54
2nd M. P. L. (Supplementary)	18	15
Final M. P. L. Examination	97	57
Final M. P. L. (Supplementary)	44	35
1st Certificate Examination for Ludhiana Women Students	4	4
2nd Certificate Examination	2	2
Final Certificate Examination	4	4
1st M. P. L. Examination	15	6
„ „ „ (Supplementary)	6	6
2nd M. P. L. Examination	6	6
Final M. P. L. Examination	9	7
„ „ „ (Supplementary)	2	2

BENGAL.

145. *Calcutta Medical College*.—During the year there were 1,147 male, 15 female, and 59 military students on the rolls of the College, or a total of 1,221 students. Applications for admission numbered 956 as against 1,021 in the previous year. 163 of the former were admitted. The following statement shows the number of students who appeared for the University examinations and the number who passed.

Description of examination.	1921-22.			
	MALE.		FEMALE.	
	Number appeared.	Number passed.	Number appeared.	Number passed.
<i>Regular Students.</i>				
Intermediate Membership, State Medical Faculty.	15	11	...	...
Final Membership, State Medical Faculty	35	10	...	...
Preliminary Scientific M. B. ...	268	187	7	4
First M. B. ...	263	112	5	3
Second M. B. ...	322	116	2	1
Doctor in Medicine ...	1	1	...	...
Total ...	904	437	14	8
Military Pupil Class ...	33	33	...	...

Of the 59 military pupils 33 passed the Final Examination, 1 died and 1 was removed for failure to pass his examination.

Carmichael Medical College, Belgachia.—There were 605 students on the rolls of the College. Applications for admission numbered 915 as against 884 in the previous year.

The following statement shows the number of students who appeared for the University examinations and the number who passed :—

Description of examination.	Number appeared.	Number passed.
Preliminary Scientific ...	156	121
First M. B. ...	161	94
Second M. B. ...	20	14

UNITED PROVINCES.

146. *King George's Medical College, Lucknow*.—There were 174 students on the rolls of the College. 40 students were admitted to the College at the beginning of the session. In the supplementary final M. B., B. S., Group A and B examinations of the Allahabad University held in October 1921, four and eight students appeared, respectively, and all were successful.

Lady Hardinge Medical College.—There were 83 students on the rolls of the College during the year.

As the course of study lasts for seven years after Matriculation (2 in Science and 5 in Medicine) and as the College was opened less than six years ago, there has not been time for the first medical graduates to pass out, but in May of next year, nine students will take at Lahore the final examination for the M. B., B. S. degree, and thereafter the College should turn out annually an increasing number of highly qualified medical women.

Last May ten students entered for the 2nd professional examination and of these nine passed. For the first professional 13 entered, of whom 12 passed the whole examination, while the 13th was referred in one subject and appeared successfully for it in October. Two of the 13th topped the University List of both men and women candidates.

Dr. K. A. Platt, the Principal of the College, resigned on account of ill-health and she was succeeded by Dr. G. J. Campbell.

V.—MEDICAL SCHOOLS.

There are 19 medical schools distributed as follows :—

Bengal 3, Madras 6, Bombay 3, United Provinces 1, Punjab 2, Burma 1, Bihar and Orissa 2, Assam 1.

BENGAL.

147. *Campbell Medical School*.—During the year there was a total of 615 students on the school rolls, of whom 591 were males and 24 females.

The following table gives the number of students who appeared for examinations :—

Examination.	STUDENTS.		PASSED.	
	Males.	Females.	Males.	Females.
Compoundership Examination ...	167	1	133	1
Licentiate Examination of the State Medical Faculty—				
Final Examination { November 1921... }	163	4	104	3
{ May 1922 ... }				
Intermediate	110	4	80	2
Primary	139	4	107	3

Dacca Medical School.—There were 473 male and 13 female students on the rolls of the schools—making a total of 486.

The following table shows the results of the school examination :—

Examinations.	CANDIDATES.		PASSED.	
	Males.	Females.	Males.	Females.
Compoundership Examination, Regular Students.	35	1	33	1
Outside candidates	13	...	9	...
Licentiate Examination of the State Medical Faculty—				
Final Examination	121	4	60	2
Intermediate	99	5	73	3
Primary	116	2	106	1

The Ronaldshay Medical School, Burdwan.—The School was opened on the 1st July 1921. The number of students on the rolls was 53.

37 students appeared for the Primary Licentiate Examination, of whom 35 passed.

MADRAS.

148. *Medical School, Royapuram*.—There were 569 pupils on the rolls including 59 in the Indian Military pupil class. 173 students appeared for the 1st year examination and 100 passed. 88 students appeared for the 2nd year examination and 50 passed. 102 students appeared for the 3rd year examination and 79 passed, and out of 105 final year students 31 were successful.

Prince of Wales' Medical School, Tanjore.—There were 276 pupils on the rolls. Out of 44 pupils who went up for the final (L. M. P.) examination 24 passed.

55 and 60 respectively passed the 3rd and 2nd year examinations and 75 out of the school.

Medical School, Vizagapatam.—There were 263 pupils on the rolls of the school. Of 59 final year, 64 third year, 55 second year and 91 first year pupils who appeared for the Board examination 37, 56, 31 and 71 of each respective class passed the examination.

Medical School, Calicut.—There were 90 students on the rolls of the school.

70 students appeared for the first year examination and 42 passed.

24 students appeared for the second year examination and 17 passed.

17 students appeared for the 3rd year examination and 16 passed.

Medical School, Madura.—During the year there were 64 pupils on the rolls of the school.

38 pupils appeared for the final L. M. P. examination and 12 passed.

25 pupils appeared for the third year examination and 20 passed.

Medical School for Women, Vellore.—

BOMBAY.

149. *Byramjee Jeejeebhoy Medical School, Poona*.—There were 237 students on the school rolls during the year. 96 students appeared at the final L. C. P. S. examination in May and November 1921, of whom 46 passed.

Byramjee Jeejeebhoy Medical School, Ahmedabad.—There were 212 students on the rolls of the school.

Medical School, Hyderabad (Sind).—

UNITED PROVINCES.

150. *Medical School, Agra*.—There were 528 male students and 65 female students on the school rolls during the year. Of the male students 302 belonged to the military class.

99 male students and 8 female students passed the final examination.

101 male and 9 female students passed the Junior qualifying examination.

The hostel accommodation continued to prove insufficient. 212 students were accommodated in four temporary hostels in the city.

PUNJAB.

151. *Medical School, Amritsar*.—The number of students on the rolls was 400 ; of these 251* belonged to the Indian Military pupil class, 37 to the civil, 15 to the North-West Frontier Province, 24 to Burma, 32 to the local class and 41 unpaid students. 141 students appeared for the final M. P. L. diploma and 92 passed.

* Including 24 on field service.

Ludhiana Medical School and College for women.—9 students appeared for the final M. P. L. examination and 1 passed. 15 students appeared for the first examination for the M. P. L. diploma and 6 for the second examination, 12 passed the 1st examination and 6 passed the second.

For the college certificate examinations, 4 students appeared for the final examination and all passed, 2 for the second examination and all passed. 4 candidates appeared for the 1st certificate examination and all passed.

BURMA.

152. *Government Medical School, Rangoon.*—There were 173 students on the rolls of the school, of these 8 were females. 42 students appeared for the final diploma examination and 41 passed.

38 students appeared for the junior (2nd year) examination for diploma and 26 passed.

BIHAR AND ORISSA.

153. *Temple Medical School, Patna.*—There were 266 students on the rolls during the year including 1 female student. 35 candidates appeared at the final examination for the M. P. L. diploma and 23 passed. In the examination for the compounder class 75 students appeared for the examination, of these 54 passed. The scheme for the establishment of a Medical College at Patna is being actively pushed forward, by converting the Temple Medical School into a medical college. It has been practically decided to build a new medical school at Darbhanga, and this will take the place of the Temple Medical School when the buildings are taken over by the Medical College.

Orissa Medical School, Cuttack.—There were 197 male and 4 female students on the roll during the year.

38 students appeared for the final examination for the M. P. L. diploma, of these 25 passed including 2 female students. 53 students appeared for the primary examination, of whom 39 passed.

In addition 35 candidates appeared for the examination in physics and chemistry, of whom 31 passed.

22 students appeared for the compoundership examination, of whom 19 passed.

ASSAM.

154. *Berry-White Medical School, Dibrugarh.*—There were 223 students on the rolls during the year. 21 out of 30 students passed the final qualifying examination, and 39 of 49, the primary examination.

85 students appeared at the compoundership examination and 65 passed.

THE X-RAY INSTITUTE AT DEHRA DUN.

155. Three classes of instruction were held during 1921. The total number of students attending was 53. Of this number 18 passed the prescribed examination with proficiency, 32 obtained pass marks and the remainder failed to pass the course. The students consisted of medical officers of both services as well as Assistant and Sub-Assistant Surgeons both Civil and Military. There were in addition 6 students from Indian States and 2 private medical practitioners.

The number of radiographic examinations made during the year was 1,378.

The number of sittings given for treatment was 7,560.

During the year a large number of patients from the Indian Station Hospital, Dehra Dun, have been attending for radiographic examination and Orthopaedic treatment. These cases have been transferred to the Indian Station Hospital, Dehra Dun, from all parts of India.

The supply duties of the X-Ray Institute have been carried out in the same manner as formerly. No case of defective supply or complaint of any kind has been brought to notice.

The Branch Installations at Delhi and Simla have been working in a very satisfactory manner and the number of patients attending these departments is steadily increasing.

A large quantity of surplus X-Ray material, the property of the Imperial Government, has been stored at the X-Ray Institute and is being offered for sale to the public. In this matter the staff of the X-Ray Institute are co-operating with the staff of the Surplus Stores Department.

In view of the necessity for increased precautions against X-Ray injuries a memorandum on this subject has been prepared by the Superintendent for circulation to hospitals and specialists concerned.

No case of X-Ray injury either to patients, staff or students at the Institute has been recorded.

COUNTESS OF DUFFERIN FUND.

(Contributed by Dr. M. I. Balfour, Chief Medical Officer, Women's Medical Service.)

156. The Countess of Dufferin's Fund is a National Association, formed in 1886 to provide medical aid for the women of India, by women, whether doctors, nurses or midwives. It has assisted in the founding and upkeep of many women's hospitals in all parts of India, and has given scholarships for training a large number of women, both Indian and Anglo-Indian. It continues these activities to the present day, but since 1914 it has been assisted by a Government grant to enable it to carry on a service of medical women who take charge of all the more important women's hospitals in India. Amongst these may be mentioned the Lady Hardinge Hospital and Medical College, Delhi, under Dr. Gertrude Campbell, W.M.S., and her staff which includes five additional officers of the Women's Medical Service; the Women's Medical Hospital, and Women's Medical School, Agra, under Dr. Millicent Webb, W.M.S., the Cama and Allbless Hospitals, Bombay, to which a nurses' training school is attached, under Dr. Elize Turner Watts, W.M.S., the Victoria Caste and Gosha Hospital, Madras, under Dr. O'Brien Beadon, W.M.S., and 20 others in different parts of India. In two provinces, the Punjab and the United Provinces, medical women are supplied to act as Assistants to the Inspectors Generals of Civil Hospitals. These inspect and report on all the women's medical work assisted by the Local Government or the Dufferin Fund.

During the year 1921 the Council was consulted by the Department of Industry, Government of India, as to the best means of carrying out the recommendations made at the Washington Conference of the League of Nations, for the welfare of women industrial workers. Towards the end of the year two

officers of the Women's Medical Service were deputed to carry out an investigation in the Bengal and Bombay Presidencies, respectively, on the present conditions of women workers and the advisability or otherwise of assistance in child birth. Their report for the year 1922 will be awaited with interest.

The importance of the Countess of Dufferin's Fund and the Women's Medical Service to India is great. Owing to Eastern customs the bulk of the women of the country must be treated by women, at least in obstetrical and gynaecological diseases. Therefore an organised system of medical relief by women, and the provision of colleges and schools staffed by women is essential. In addition to medical practice there is a great field for women doctors in research as to the causes of osteomalacia, eclampsia, and the high infant mortality. There is a distinct movement in India for the reduction of infant mortality, but there is need for much careful scientific work in connection with it, if the result is to be a practical success.

There is need for enlargement of the Women's Medical Service, which is too small for the needs of the country. There are still many tracts, almost whole Provinces, without first class women's hospitals and hence no means of training midwives and nurses; while for the proper organisation of the resources of the Province and the utilisation for training purposes of all material available a women medical officer should assist the Inspector General of Civil Hospitals at each Provincial Headquarters.

During the year 1921 two courses of post-graduate instruction for medical women in the pathology and newer methods of treatment of Venereal Diseases were held under the auspices of the Countess of Dufferin's Fund. The classes were held at Poona by Lieutenant-Colonel Frost, R.A.M.C., Consulting Dermatologist in India, assisted by Major Dawson, R.A.M.C., 16 medical women attended. Two courses were also held for women assistant surgeons at Agra and Calcutta, respectively. The course at Agra was conducted by Dr. May Olivera, Officiating Principal, Women's Medical School, Agra, assisted by Dr. H. Lillie, W.M.S., 9 assistant surgeons attended.

The course at Calcutta was held at the Dufferin Hospital, the lectures being given by Dr. Curjel, W.M.S., and the clinical teaching by Dr. Webb, W.M.S., and Dr. Lillie, W.M.S., 2 assistant surgeons and 4 sub-assistant surgeons attended.

Permission to obtain required drugs, etc., at cheap rates and to have necessary pathological investigation done free of charge has been given by the Government of India to all medical women attending these courses.

The expenses of carrying on the courses were met by a special grant given by the Government of India.

The Countess of Dufferin's Fund also held its Annual Essay Competition on "The Care of the Baby," 39 girls' schools competed.

SECTION VII.

SANITARY WORKS.

INDIA.

157. The institution of Reforms under which public health and sanitation are declared provincial and transferred subjects, has resulted in the discontinuance of the annual grant by the Government of India of a certain sum for provincial public health projects. As this policy has now ceased, a short resumé of the work accomplished by means of these grants in the past decade may be of interest.

The Education Department, now called the Education and Health Department, was constituted in 1910. In the next three years grants amounting to 461 lakhs of rupees were made to provincial Governments for public health purposes. Rather over 30 per cent of this sum was devoted to measures against malaria, but large sums were also spent on water supply and drainage schemes, improvement of rural areas, and provincial laboratories. From 1st April 1914 the sanitary reserve was started and up to 31st March 1921 totalled Rs. 56,58,000. Of this sum Rs. 49,43,700 have been allotted for water supply and sewerage projects, improvement of pilgrim centres, town improvement schemes, anti-malarial measures and maternity and child welfare.

The sums spent have not been large, but there is no doubt this policy has encouraged the institution of projects which might never have been carried out without the aid so given. The policy of giving grant-in-aid of sanitary works has been closely examined and it is generally held now that no grant should be given unless the project is self-supporting. Many water supplies have been introduced without providing for funds to meet running expenses, and for expenses connecting with repairs and renewals the local bodies apply for a further grant-in-aid. It is to be hoped that the day will arrive in India when capital expenditure on major projects is financed by loans, while Government grants are limited to recurring charges in connection with approved public health administration.

The following paragraphs contain information regarding sanitary works carried out or in progress in the several provinces.

BENGAL.

158. Excluding Calcutta the number of municipalities in the Presidency during 1921 was 116 against 115 in the previous year. The income of these bodies during 1920-21 excluding the opening balance of Rs. 16,95,942 and extraordinary and debts Rs. 9,41,154, amounted to Rs. 71,06,492 against Rs. 70,97,878. Including the opening balance the total receipts from all sources amounted to Rs. 97,43,588 against Rs. 98,29,204 during 1919-20. Of this sum 35.7 per cent. was spent on sanitary works.

The total municipal expenditure on sanitary purposes amounted to Rs. 34,74,879 including Rs. 19,18,637 for conservancy, Rs. 2,78,554 for drainage, Rs. 7,07,856 for water supply, Rs. 28,923 for vaccination, Rs. 2,92,382 for the treatment of the sick and Rs. 1,95,016 for other sanitary works.

The cost of sanitary works in towns and rural areas executed by Government, municipalities, district boards and private individuals during 1920-21 amounted to Rs. 14,09,883 against Rs. 21,42,539 during the previous year. The

more important items were—(1) Arool *Beel* drainage project Rs. 33,645, (2) Uttarpara water works Rs. 30,853, (3) Jaboona project Rs. 27,787, (4) Budge-Budge flood-flush drainage Rs. 24,910, (5) Darjeeling water works Rs. 22,012, and (6) Cossipore-Chitpur water supply Rs. 10,569.

During 1921 Health Officers were appointed in almost all the districts of the Burdwan, Presidency and Rajshahi Divisions, and in the Faridpur district of the Dacca division. The appointment of Health Officers has greatly facilitated the taking of measures for the supervision of cholera, and the better sanitary arrangement of *melas* and fairs.

159. *Sanitary Board*.—Under Government orders the Board was reconstituted in June 1921. During the year five meetings were held in Calcutta and one in Darjeeling. Five sketch projects for water supply and one for sewerage amounting to a total estimated cost of Rs. 17,22,785 came before the Board for consideration and were recommended to Government for administrative approval. The more important of these projects are—(1) Tittagarh Sewerage, Rs. 10,66,553, (2) Suri Water Supply, Rs. 2,75,000, (3) Madaripur Water Supply, Rs. 1,65,100, and (4) Tangail Water Supply, Rs. 1,46,586. The detailed schemes of Raneegunge and Comilla water supplies with an estimated cost of Rs. 3,00,000 and Rs. 4,84,841, respectively, were considered and recommended for final sanction.

ASSAM.

160. The number of municipalities and unions remained unchanged. Their total income including the opening balance, amounted to Rs. 9,51,402 as compared with Rs. 8,28,712 in 1920. Of this a sum of Rs. 4,09,608 or 43.05 per cent. was spent on sanitary works including Rs. 2,29,353 on conservancy, Rs. 1,34,463 on water supply and Rs. 19,943 on drainage against Rs. 2,05,837, Rs. 1,35,360 and Rs. 29,096, respectively, during the previous year.

A total expenditure of Rs. 27,127 is reported to have been incurred by the Public Works Department in 1921 on the improvement of water supply and other minor sanitary works as compared with Rs. 23,800 in the previous year. The only considerable town in the province which is now unprovided with a filtered water supply is that of Dibrugarh which is still dependent on unprotected wells.

A total expenditure of Rs. 1,80,267 including a Government contribution of Rs. 1,46,102, was incurred by Local Boards mainly towards the improvement of water supplies.

161. *Sanitary Board*.—The Board held two meetings during the year at which the following objects of importance were considered : (a) prevention of water waste in Shillong, (b) possibility of increased water supply for Shillong, (c) Sylhet drainage, (d) removal of iron from the water supply of Haflong. All other business was transacted by the circulation of files.

A scheme for improving the Dhubri water works at a cost of Rs. 1,63,555 has received the administrative approval of Government.

The municipalities of Habiganj, Sanamganj, Karimganj and Sibsagar each appointed a medical officer of health during the year. Four medical officers of health have also been posted to four Local Boards.

BIHAR AND ORISSA.

162. The total income of 57 municipalities during 1920-21, including the opening balance was Rs. 52,38,340 as compared with Rs. 54,52,610 during the

previous year. The total expenditure on public health amounted to Rs. 14,56,368 or 27.5 per cent. of total. Of this a sum of Rs. 8,63,312 was spent on conservancy, Rs. 3,60,830 on water supply, and Rs. 1,14,941 on drainage.

The total income of district boards during 1920-21 amounted to Rs. 1,42,73,356 against Rs. 1,50,52,569 and the expenditure on public health to Rs. 462,792 against Rs. 5,21,030 in the previous year. Thus, three per cent of income was devoted to public health.

163. *Sanitary Board.*—The Board met twice during the year 1920-21. Four outline schemes for water works were prepared during the year. The most important of these is the water supply for Puri estimated to cost over 18 lakhs of rupees : in connection with this scheme experimental boring is shortly to begin. During the year Rs. 2,56,091 were spent on 8 works, the most important being the Kanke waterworks for the European Mental Hospital, the Patna and Bankipore and Muzaffarpur supplies.

Eleven drainage works absorbed Rs. 235,814 during the year, the greater portion of which went to works for Patna new capital and Motihari.

UNITED PROVINCES.

164. In 1920-21 the total income of municipalities, excluding the opening balance, amounted to Rs. 1,12,18,446 against Rs. 1,14,77,665 in the previous year. Of this a sum of Rs. 20,27,980 was expended on conservancy, Rs. 14,67,245 on water supply and Rs. 8,79,558 on drainage.

The attention of the Board of Public Health was drawn during the year to the fact that the municipal water supplies were not self-supporting. An experimental investigation at Benares is being made with a view to locating waste by means of inferential meters. The desirability for sanitary projects being self-supporting has not been sufficiently recognised by local bodies in India. Running charges are often not met by taxation and funds for repairs and improvement are not available. Government is appealed to for grants-in-aid to meet expenses resulting from repairs.

Water supplies.—The Lucknow water supply reorganisation is to cost 45 lakhs. During the year 11 lakhs were spent and progress was made with Paterson filtration plant, and the laying of mains.

The Dera Dun Municipality has accepted a filtered gravity supply scheme at a cost of 11 lakhs and has applied for a loan.

Construction on improvement to the Fyzabad water supply at a cost of over 9 lakhs will soon commence.

Work was continued on the Haldwani and Ramnagar water supplies and the Gola Gokarannath tank and water supply.

Progress with the Nainital hydro-electric supply was made. The water supply pumping station is complete, but the pumping plant will not be ready till this year. Tube wells were completed at Fatehgarh Central Jail, Meerut, Bareilly, Pokhrayan and Ferozabad.

The majority of municipal boards have adopted the revised rules for the periodical analysis of water. The establishment of municipal laboratories for

water analysis has been accepted by four municipalities and is under consideration at Mussoorie and Meerut. Regular analyses revealed that the filters at Allahabad were working unsatisfactorily and the public were warned to boil water before drinking.

Drainage.—The Superintending Engineer notes that people have not begun “to realise the benefits of a water borne system of sewerage.” This is true. A water supply has a tangible result, water in the house with at times the saving of the cost of a *bhistie*. Sewers are out of sight and do not appeal to the individual. It is reported that the Allahabad Municipality allow crude sewage to enter the river instead of utilizing it. As the sewer outfall is not far above the intake for the railway water supply complaints arise. The Agricultural Institute of Allahabad propose to utilise all extra sewage, and it is hoped that in this way the nuisance noted above will disappear. Certain extensions to sewerage system were handed over to the Allahabad Municipal Board in working order.

Improvements were completed to the system at Moradabad. At Cawnpore a pumping station has been completed. Over 5 lakhs were spent at Lucknow over the pumping station and farm, and on sewer laying.

At Muttra a sewer was completed and a project is in hand for pumping sewage on to a farm instead of allowing it to discharge direct into the river. Minor works were completed or were in progress at Dehra Dun, Benares, Nagina and the Gola Gokarannath tank.

Improvement Trusts.—The Trusts at Lucknow, Cawnpore and Allahabad are carrying out various improvements. The Government gave grants of four lakhs and three lakhs, respectively, to the Lucknow and Allahabad Trusts. Rs. 6,000 were also given to preliminary work in connection with improvements at Nainital. A committee was appointed to consider a scheme of town planning for Gorakhpur.

The hydro-electric scheme in Mussoorie continued to work satisfactorily. A project is being prepared for the construction of a large storage reservoir at the Head Works. The extension of the electric supply to Dehra Dun cantonments at Birpur and Ghanghora is practically completed. Detailed estimate of the Happy Valley Drainage Scheme was sanctioned by the Board of Public Health, but the work has not yet been taken in hand owing to want of funds. The Board has applied for a 30 years loan of Rs. 21,00,000 for providing a comprehensive drainage system throughout the whole station and certain improvements and extension to water works and electric works.

During the year 1921 the Board of Public Health sanctioned grants aggregating Rs. 20,000 to four district boards for covering wells with masonry and putting in force or suction pumps and reserved Rs. 30,000 for the encouragement of village sanitation through village *panchayats*. Out of a total sum of Rs. 1,06,760 at their disposal the district boards spent only Rs. 27,175 during the year, leaving a large balance of Rs. 79,585.

165. *Board of Public Health.*—The constitution of the Board was revised during the year and now consists of 15 members of whom 8 are non-officials nominated by Government on a term of two years. The Board held nine meetings during the year. It sanctioned grants amounting to Rs. 6,84,996 out of which a sum of Rs. 74,055 was allotted for rural sanitation and minor sanitary works. Administrative approval was given to sanitary projects at an estimated cost of Rs. 1,25,93,280. Loans to the value of Rs. 36,81,800 were sanctioned.

PUNJAB.

166. During 1920-21 the number of municipalities in the province was 101. Their total income during the year, excluding the opening balance of Rs. 49,64,215 and under head " Extraordinary " and debts amounting to Rs. 20,48,721, was Rs. 91,02,365. Of this a sum of Rs. 41,56,178 was spent on sanitation and vaccination including Rs. 14,62,895 for conservancy, road cleaning and watering, Rs. 8,67,781 for water supply and Rs. 4,11,356 for drainage.

The total income of District Boards excluding opening balance amounted to Rs. 1,12,73,464 and the expenditure on sanitation and vaccination to Rs. 1,94,155.

The number of wells cleaned and parapets constructed rose from 6,873 in the previous year to 9,320 and from 720 to 815, respectively. The amount spent for the purpose was Rs. 1,14,570 against Rs. 1,12,924 last year.

An income of Rs. 2,64,697 was derived from the sale of street sweepings in municipal towns during the year against Rs. 2,58,554 in the previous year.

There were 1,276.76 acres of land under sewage irrigation in the municipal towns and Rs. 79,186 were realised for its use during the year, showing a decrease of 66.22 acres of land thus irrigated and an increase of Rs. 26,352 in the amount realised.

Water Supply.—The question of increasing the supply for Lahore was considered and a suggestion was made to abandon the tube wells in favour of adopting the river Ravi as the sole source. The cost of this latter scheme is being further investigated. The Sanitary Engineer points out the necessity for checking excessive water.

At Ambala the shortage of water is keenly felt. A short vertical strainer of large diameter added during the year was a help. A promising water-bearing stratum has been discovered by borings, and a well will be sunk.

The Amritsar Municipality have sunk two new tube wells to supplement the supply. A successful trial boring was made in the neighbourhood of Rawalpindi. A water-bearing stratum has been discovered at Lyallpur.

Drainage.—Work has been commenced by the Amritsar Municipality on the 12 mile storm water outfall leading from the city to the Hudliara drainage. Important benefit to public health is expected from the completion of this project. The drainage scheme for Jullundur was begun during the year ; also a surface drainage project for Hoshiarpur.

Five municipalities have appointed qualified medical officers of health : two others have appointed officers with registrable medical qualifications on the understanding that within three years a registrable qualification in public health is obtained. Four districts—Rohtak, Gurgaon, Jullundur and Kangra—have appointed district medical officers of health.

167. *Sanitary Board.*—The Board met nine times during the year and two sub-committees were held. An auditor was appointed for auditing the accounts of grants-in-aid given to local bodies for sanitary works by the Board.

Out of the last year's balance of Rs. 1,42,873 grants were sanctioned to the extent of Rs. 1,42,854. A fresh grant of Rs. 4,00,000 was placed at the disposal of the Sanitary Board during 1921-22 from which grants amounting to Rs. 1,76,677 were made up to the end of December 1921.

Fourteen water supply and drainage schemes, etc., involving a total expenditure of Rs. 3,76,645 were approved by the Board. The Government in the Civil Department accorded administrative approval to Khushab and Jullundur water supply schemes at a total cost of Rs. 8,57,590. Revised administrative approval was also given in the case of Tandlianwala water supply and Jullundur Drainage schemes amounting to Rs. 8,59,146.

The constitution of the Board was altered during the year by raising the non-official members from 5 to 7 and by adding the Secretary, Transferred Departments, to the list of official members.

NORTH-WEST FRONTIER PROVINCE.

168. The total income of Municipalities and Notified Areas was Rs. 22,43,843. Of this a sum of Rs. 5,76,726 was spent on sanitation, Rs. 2,34,006 for conservancy and Rs. 2,91,811 for water supply and Rs. 50,909 for drainage. A sum of Rs. 1,13,689 was spent on improving communications.

The total income of District Boards amounted to Rs. 9,06,093 of which Rs. 11,803 was spent on sanitation, *i.e.*, water supply Rs. 8,026, conservancy Rs. 3,164 and drainage Rs. 613.

The Government allotted Rs. 4,800 to the Peshawar Municipality for road watering, Rs. 1,200 to Hazara District Board for its hospital and sanitary fund and Rs. 1,067 to the Peshawar District for sanitary work.

Schemes for the improvement of water supplies for Peshawar, Bannu, Kohat and Abbotabad are taking shape shortly. Progress has been made with a town extension scheme for Bannu. Financial stringency has hampered the appointment of an Engineer to the Public Health Department. The post of Director of Public Health is also held by the Chief Medical Officer of the Province, as an *ex-officio* appointment. Past experience in India has shown that duality in functions is inconsistent with progress.

CENTRAL PROVINCES.

169. The total income of municipal towns during 1920-21 exclusive of loans and balances, was Rs. 43,82,451 against Rs. 45,14,622 in the preceding year. Of this amount Rs. 21,82,588 or 50 per cent. was spent on public health, including Rs. 9,91,068 on conservancy and road cleaning, Rs. 6,23,507 on water supply and Rs. 3,64,760 on drainage.

The provincial grants sanctioned during the year 1921-22 in aid of sanitary works in municipal towns amounted to Rs. 1,40,610 as follows :—water supply schemes Rs. 43,156, drainage works Rs. 77,417, town improvement schemes Rs. 4,853 and miscellaneous public health improvements Rs. 15,184.

There is no doubt that political extremism reacted detrimentally on the public health administration in certain municipal areas, but in some useful improvements were made by opening up congested areas, and adding to water supply and conservancy arrangements. The following is a *précis* of major works undertaken :

Water-Supplies.—The sinking of two new wells was commenced as an auxiliary to the Nagpur supply.

Chemical analysis of the Damoh water supply revealed contamination of the main as it crossed a foul drain ; the course of the latter is being diverted.

The Khandwa water-works were improved by constructional work to prevent percolation through the Moghat dam.

The supply for Berhampore town had to be assisted by direct pumping from the Tapti river.

Several schemes have been drawn up and forwarded to municipalities, but the Sanitary Engineer writes "The Municipal Committee has not yet intimated any decision."

The maintenance of most of the water-works is supervised by the Public Works Department.

Drainage.—Rs. 59,162 were spent on the Nagpur scheme, bringing the total expenditure up to Rs. 15,90,146.

The sewage farm is supervised by the Agricultural Department, but no definite decision has been arrived at on the permanent method for treating the sewage. Some progress was made with surface drains for Craddock town and Nagpur city.

There are at present 121 villages under the Village Sanitary Act. Their receipts in 1920-21 amounted to Rs. 2,38,847 compared with Rs. 3,00,365 in the previous year. The total expenditure was Rs. 2,62,773 and consisted of Rs. 43,647 in clearing village sites, Rs. 14,486 on road construction, Rs. 12,255 on water supply, Rs. 4,007 on drains and Rs. 1,88,378 on miscellaneous improvements. Enhanced power to village authorities has been given by the passage during the year of the Village Sanitation and Panchayat Bill.

The receipts of Town Fund and other villages under the Mukkaddam Rules amounted to Rs. 40,484. The expenditure was Rs. 42,403, including Rs. 2,098 on water supply and Rs. 578 on drainage. The Ryotwari Villages are under the direct management of Government. In the past year Government allotted Rs. 25,270 of which Rs. 12,055 was spent.

The Government has as usual allowed Rs. 50,000 for providing suitable wells in villages. Out of this and also from the accumulated unspent balance of previous years Rs. 62,205 was spent during the year.

A proposal is now under the consideration of Government for the utilisation of their grant of improving the water supplies on main roads. This proposal if efficiently carried out will be of very great benefit to the general public and demonstrate the value of a good water supply.

170. *Board of Public Health.*—The Board held two meetings during the year and discussed among others the following subjects :—Scheme for the improvement of water supply in rural areas, Akola town extension scheme, introduction of a plan of rat proof grain godown, sanitary works to be undertaken in 1922-23 and the provincial grants-in-aid required for them, steps to be taken by Municipal Committees for preventing epidemic outbreaks.

MADRAS.

171. During 1921, one municipality was added to those administered under Act V of 1920 but one abolished.

The total allotment for sanitation amounted to Rs. 37,02,487 and the expenditure to Rs. 25,82,859 against Rs. 32,63,874 and Rs. 22,08,600, respectively, in the previous year. The provision for sanitation amounted to 45.12 per cent

of the income and the expenditure during nine months of the year was 69.76 of the allotment. Of the total allotment, conservancy absorbed Rs. 19,09,982 and the improvement of water supply Rs. 6,06,813.

No progress is reported to have been made in the matter of water supply and drainage works, chiefly for financial reasons. The number of towns possessing protected supplies remained at 29. Only 22 have introduced house service connections, a limitation necessary when water is precious and scanty. A very large number of house connections are unmetered. In 14 other towns, water supply or improvement works are under execution. Six schemes have received sanction, and a large number are under investigation. Twenty-seven drainage schemes were under investigation. Septic tanks have been constructed particularly in connection with residential colleges. The Director of Public Health reports that they have not received the skilled attention and supervision that are so necessary. A committee, of which the Director of Public Health was the Chairman, was appointed to report on the question of the useful, profitable and safe disposal of sewage, sullage, filth and rubbish. The majority of municipal inhabitants depend on hand served public or private latrines. Municipal Councils are apt to sanction extension of private latrines with a corresponding expansion of the scavenging agency. The accommodation provided in public latrines is much below the requirements of the people.

172. Local Boards came under Act XIV of 1920 during the year.

The allotment for rural sanitation was only 19.96 per cent of the total income against 26.41 per cent. in 1920. The aggregate expenditure for the nine months of 1921-22 was Rs. 8,18,417 or 55.32 per cent of the allotment as compared with Rs. 8,12,495 in 1922. The Rameswaram water supply scheme was made available for public use during the year and the Panruti project received administrative sanction. Otherwise no progress was made in the introduction of protected water-supplies to rural areas. The provision of comprehensive drainage schemes in rural areas is at present impracticable. The District Health Committees have been formed as an experimental measure in the districts of Vizagapatam, Kistna, Kurnool, Tanjore and Trichinopoly.

BOMBAY.

173. The number of Municipalities in the Presidency, 157, was unchanged. Their total income was Rs. 1,93,88,232 of which Rs. 92,59,197 or nearly 47 per cent. was raised by taxation, giving an incidence per head of population of Rs. 3-7-10. Incidence of taxation per head varied from Rs. 14 in Bombay and Rs. 10 in Karachi to just over 4 annas in Betavad. The expenditure on public health measures in Bombay and Karachi cities came to Rs. 11 and Rs. 10 per head, respectively, for the remaining Municipal towns it averaged slightly over Rs. 2.

A complete survey was made by the Assistant Director of Public Health for 24 towns and advice in sanitary measures given in 28 towns. In certain instances action followed.

No large town improvement scheme was undertaken with the assistance of a Government grant.

The combined income of the 26 District Local Boards and 219 Taluka Local Boards was Rs. 1,28,55,837. Incidence of taxation per head was 2.6 annas. The total expenditure on public health work however amounted to only Rs. 3,91,225 while Rs. 5,36,999 was spent on communications.

The Imperial and Provincial grants made for improvements to communications during the year amounted to Rs. 7,00,000 and Rs. 8,24,000, respectively. The Provincial Government also sanctioned a grant-in-aid of Rs. 1,20,000 for improvements of village water supply. These grants were supplemented by allotments from Local Funds and popular contributions and were expended in constructing wells, tanks, troughs and cisterns, in repairing old wells, deepening existing tanks, in boring and jumper operations and in closing step wells. Ninety-nine step wells were converted into draw-wells. 673 new draw-wells were constructed.

Some progress was made in the acquisition of land for the extension of village sites and the relief of overcrowding.

Thirty-five Notified Area Committees worked during the year for a population of 142,469. Their total income, excluding the opening balance, amounted to Rs. 2,41,780. The incidence of income per head was Rs. 1-11-2. The number of Sanitary Committees was 536 and their total income, including the opening balance was Rs. 6,24,045. Of this Rs. 390,677 were raised by popular contribution. The expenditure amounted to Rs. 3,44,710.

174. *Sanitary Board*.—The Board held three meetings during the year and among the subjects dealt with were the following : (1) the existing charge of 24 per cent for establishment, tools and plant, on the maintenances on water supply and drainage installation, etc ; (2) Poona main outfall sewer ; (3) the lowering of the water level of the Jamshedji Bund at Poona by three feet ; (4) depreciation funds in connection with water supply and drainage installations.

A grant of Rs. 50,000 was placed at the disposal of the Sanitary Board, of which Rs. 46,965 was allotted for minor sanitary projects. Additional grants amounting to Rs. 11,949 were sanctioned by Government for minor improvements to drainage and water supply. The usual policy of Government is to grant 50 per cent of the initial cost of major schemes, provided the projects are on a sound financial basis, especially in respect to an adequate charge for the supply of water.

Progress in major works.

Water supplies.—

Karachi	..	Improvements at a cost of Rs. 2,43,000.
Hyderabad	..	New settling tanks nearly completed—expenditure Rs. 54,989.
Sukkur	..	Improvements at a cost of Rs. 1,34,895.
Ahmedabad	..	Rs. 68,000 spent on increasing supply.
Ahmednagar	..	Rs. 1,89,913 were spent in connection with new water supply.
Poona	..	About two lakhs spent in laying new mains, construction of boiler and pump house, and chemical tanks.

Drainage.—

Karachi	..	Rs. 1,54,000 spent on extension of mains and provision of new compressor and ejector.
Nasik	..	Panchavati intercepting drain completed.

Boring.—The inhabitants of Baola asked for a second 8' bore, and it was carried to 429 feet. Bores in trap rock at Ahmednagar to a depth of 80' revealed

a good water supply. At Gogha a bore was taken to 812 ' when a supply of brackish water was found. Boring was stopped owing to tapping a supply of inflammable gas.

Bores from 60 to 80 feet deep in the Mahi river valley demonstrated an abundant underground supply.

BURMA.

175. The total income of both towns and rural areas during 1920-21 amounted to Rs. 2,61,04,705 and the expenditure on sanitary works to Rs. 64,09,376. Of this Rs. 59,03,928 was expended by towns and Rs. 5,05,448 by districts. In towns 45 per cent of expenditure was on conservancy ; 27 per cent on water supply and 8 per cent on drainage. In rural districts 26 per cent of expenditure was on water supply, 25 per cent on conservancy and 8 per cent on drainage.

Grants aggregating Rs. 12,71,734 were made for sanitary works. Of these the most important were reclamation schemes for Mergui and Twante ; improvement to the Rangoon Port Health Station, an experimental tube well for Pyasyi, water supply for Yamethin and conservancy for Maymyo.

At Mayungmya a second water bearing stratum was struck at a depth of 318 feet ; the water contains a large amount of free ammonia. Unpotable supply was found by boring at Yandoon. The water of the tube well at Shwebo has been accepted as useable. Two 6' bores at Kyauktan to a depth of 140 feet proved failures and a third is being made. Four wells were successfully sunk in different parts of Rangoon. A scheme to provide Meiktila town with a supply from the lake is to cost Rs. 4,57,000. Difficulty has been experienced in finding a suitable site for the settling tanks and filter beds.

A scheme of surface drainage for part of Myingyan town at a cost of Rs. 65,166 was prepared and submitted for sanction.

Owing to extreme depression in the wolfram and other mineral markets there was little work done at the mines in Tavoy district but in the principal mines fairly good housing accommodation and a good water supply have been provided. Measures have been taken to improve and extend the pure water supply from the Komoh reservoir at Namtu to all areas occupied by the Corporations employees within and in the vicinity of the concession.

176. There is no Public Health Board for Burma : work is done through Divisional Sanitary Boards. Two of these Boards met during the year, one at Maymyo to discuss estimates and plans for experimental septic tank latrines and the other at Myingyan to consider plans for the lay-out of a quarter of the town recently swept by fire. It was resolved in the case of Myingyan to recommend the acquisition of the land previously occupied by the burnt-out blocks together with certain outlying areas for a town improvement scheme. It is expected that work on the water supply and drainage schemes will commence shortly.

SECTION VIII.

LABORATORIES AND MEDICAL RESEARCH.

177. The Central Research Institute, Kasauli.

Lieutenant-Colonel W. F. Harvey, C.I.E., I.M.S., held charge of the Institute from 1st January to the 14th July and then from 10th September to 31st December. Major Cragg, I.M.S., temporarily acted as Director during Lieutenant-Colonel Harvey's deputation with Lieutenant-Colonel Christophers, I.M.S., to the Congress of the Far Eastern Association of Tropical Medicine held at Batavia in August 1921.

The Malaria and Entomological sections reopened during the year under Lieutenant-Colonel Christophers and Major Cragg. The Serum Vaccine section remaining amalgamated with the main Institute.

In addition to the conference at Batavia, Lieutenant-Colonel Christophers, I.M.S., was deputed to attend the Entomological Conference at Pusa and to visit the Kamrup Sugar Cane Farm in Assam to enquire into malaria conditions prevalent there. Major Shortt and Assistant Surgeon Mackey were on deputation to Delhi in connexion with research for carriers of infectious disease among the members of the staff engaged for the visit of his Royal Highness the Prince of Wales.

Research Workers.—In addition to the staff of the Institute, the following officers worked under the Indian Research Fund Association at the Institute—

Captain R. H. Malone, I.M.S., in charge of the Pneumonia Enquiry.

Captain P. J. Barraud, in charge of the Enquiry upon Indian Culicidæ.

No systematic courses of instructions were given at the Institute, but facilities were provided for six senior medical officers to acquaint themselves with the methods of laboratory administration, bacteriological technique, etc.

Two laboratory attendants were trained for the Indian Research Fund Association.

The following papers published in the Indian Journal of Medical Research during the year, give an indication of the type of research work carried out at the Institute :—

Bacteriological Technique. By Lieutenant-Colonel Harvey, I.M.S.

Influence of age and temperature on bacterial vaccines. By Lieutenant-Colonel W. F. Harvey, I.M.S., Major S. R. Christophers, I.M.S., and Captain K. Iyengar, I.M.S.

Dessicated nutrient media. By Lieutenant-Colonel W. F. Harvey, I.M.S., and Captain K. Iyengar, I.M.S.

Malaria in Mesopotamia. By Major S. R. Christophers, I.M.S., and Captain Shortt, I.M.S.

Incidence of malaria among troops in Mesopotamia. By Major S. R. Christophers and Captain Shortt, I.M.S.

Anti-malaria operations at Basra. By Major S. R. Christophers, I.M.S., and Captain Shortt, I.M.S.

The Geographical Distribution of the Indian Rat Fleas, as a factor in the epidemiology of plague, Preliminary Observation. By Major F. Cragg, I.M.S.

Studies in the value of Wassermann test No. 4. Significance and value of positive Wassermann reaction in Tuberculosis. By Captain K. Iyengar, I.M.S.

Preservation of High titre Agglutinating Serum and corresponding Antigen. By Military Assistant Surgeon G. Mackey, I.M.D.

The Viability of bacterial cultures. By Sub-Assistant Surgeon Nand Lal, I.M.D.

The re-use of media. By Sub-Assistant Surgeon Nand Lal, I.M.D.

The Institute continued the manufacture of prophylactic and curative vaccines on a large scale, the following issues were made during the year—

Vaccines—

Anti-Cholera Vaccine	..	..	..	12,55,365	ccs.
T. A. B. Vaccine	..	..	..	5,57,155.5	ccs.
Mixed Influenza Vaccine	..	..	..	1,92,449.5	ccs.
Curative Vaccines	..	..	..	37,790	ccs.

Sera—

Antivenomous Serum	..	..	..	84,560	ccs.
Normal Horse Serum	..	..	..	3,820	ccs.
High Titre Serum	..	..	..	567	ccs.

The Institute also stocked and issued the following sera imported from England—

Antitetanic Serum	..	..	..	7,717	ccs.
Antistreptococcus Serum	..	..	..	1,999	ccs.
Antidiphtheritic Serum	..	..	..	1,748	ccs.
Antianthrax Serum	..	..	..	33	ccs.
Antidysenteric Serum	..	..	..	717	ccs.

32 A. and B. tubes Von Pirquets test solution, 472 tubes of bacterial cultures, 751 tubes and 22 litres of culture media, 694 ccs. dead emulsions standard solutions, glassware, etc., were issued.

611 routine serological tests and examinations of pathological material were carried out during the year.

THE BOMBAY BACTERIOLOGICAL LABORATORY.

Major E. C. Hodgson, D.S.O., I.M.S., officiated as Director from 1st January till the 21st October 1921 while Lieutenant-Colonel Liston, C.I.E., I.M.S., was in charge for the remainder of the year.

Plague Work.—The number of doses of plague vaccine issued during the year was 823,230. Each dose is reckoned at 4 ccs., but when used within 3 months of the date of manufacture a dose of only 3 ccs. is recommended.

Research on plague.—Dr. G. D. Chitre prepared a very full illustrated report on the habits of rats in connection with shipping in the port of Bombay.

During the year 1921, 698,647 rats were received at the laboratory of which 347,386 were examined and out of these 11,721 were found to be plague infected compared with 334,946 examined and 4,815 found to be plague infected in 1920. Five medical men and one medical lady underwent a course of Bacteriological training at the Laboratory besides Sub-Assistant Surgeons and Laboratory assistants.

Vaccine Work.—The following vaccines were prepared :—

Anti-Cholera Vaccine	..	..	..	31,000
Mixed T. A. B.	..	..	..	4,830
Influenza	..	..	..	3,680

Antogenous vaccines were prepared for 293 cases. Venin was regularly collected from the stock of Cobras and Russell's vipers kept at the laboratory and after drying was sent to the Central Research Institute, Kasauli, for the manufacture of anti-venin at that Institute.

Research Work.—Dr. S. M. Gore continued his researches on a practical method of using the Voges Proskauer reaction for lactose fermenting organisms of the Typhoid-colon group.

Dr. Soparkar carried out experiments to test the effect of different degrees of temperature applied to the mixture of blood on the nutritive quality of the resulting extract used in the preparation of the medium devised by him for the cultivation of the influenza bacillus. Sub-Assistant Surgeon Akula was deputed to Belapur to investigate the cause of fever present on the sugar estates which was found to be malaria and to be carried by *Anopheles Stephensi* breeding in the leaks from the irrigation canals.

Educational.—Special demonstrations were given to the students of the training colleges and high schools, etc.

Sets of magic lantern slides were prepared on plague, tuberculosis, guinea-worm, malaria, milk and snakes and were issued with printed lectures on the subjects for general educational purposes.

Dr. Chitre gave a course in rat destruction campaigns.

THE KING INSTITUTE, MADRAS.

(Micro-biological Section.)

Major Cunningham I.M.S. was in charge of the Institute throughout the year.

Bacterial Vaccines.—61,562 doses of bacterial vaccines were issued during the year, these include prophylactic cholera and T. A. B. vaccine. The influenza epidemic having subsided there was a marked decrease in the call for this vaccine.

The number of specimens received for examination rose to 6,524, this is an increase of 6 per cent over the previous year. The Institute continued its role as the purchasing, storing and distributing agency for anti-toxic sera for the Madras Presidency.

Public Health.—Sixty-one specimens were examined of a public health nature excluding water. The number of samples of water examined was 1,100.

Research.—An investigation into the relative merits of lanoline and glycerine lymph was carried out.

As the Indian Science Congress of which the Director was the President of the Medical Research Section for the year, the following research papers were read.

- (1) The necessity for a standard vaccine by Majors J. Cunningham and Cruickshank.
- (2) A filarial survey with a statistical enquiry into the relationship of filariasis and elephantiasis by Majors Cruickshank and Cunningham and A. S. Seethapathy Iyer.
- (3) Note on the ratios of the numerical equivalents of certain bacterial suspensions obtained by the hæmocytometer method to those obtained with Brown's opacity tubes by Major Cunningham and A. S. Timothy.
- (4) The value of the Formol Gel test for syphilis by A. S. Ramakrishnan.
- (5) The value of culture of the peripheral blood in kala-azar as a diagnostic procedure by A. S. Seethapathy Iyer.
- (6) The inapplicability of the Nille Reenche phenomenon to Indian conditions by T. S. Raghavachari.

PASTEUR INSTITUTE OF INDIA, KASAULI.

Lieutenant-Colonel Greig, C.I.E., I.M.S., held charge from the 1st January to the 24th March 1921 and Major J. Morrison for the remainder of the year. The number of persons who received a full course of treatment was 7,004 as against 7,506 in the previous year. This reduction was in part due to the opening of a Pasteur Institute at Baghdad. 35 patients died more than 15 days after a complete course of treatment and may be considered as failures of treatment: this gives a failure rate of 0.50 per cent. 483 applicants for the treatment were advised that it was not necessary in their cases.

PASTEUR INSTITUTE OF SOUTHERN INDIA, COONOR.

Lieutenant-Colonel J. W. Cornwall, I.M.S., was in charge of the Institute throughout the year.

The number of patients who underwent a full course of treatment during the year was 3,471, a decrease of 152 on the previous year's number. 27 died more than 15 days after the completion of treatment, thus giving a failure rate of 0.77 per cent.

98 persons did not complete the full course for various reasons.

211 persons were advised that treatment was not necessary.

The virus was in its 747th passage on 28th February 1921.

The fall in the total number of patients was undoubtedly due to the general unrest which made people unwilling to leave their villages and travel. This influence was particularly marked in Malabar, but was present throughout the West Coast.

The inquiry into the mortality due to rabies was continued during the year.

The number of persons bitten who did not undergo treatment was 246, of these 133 died from hydrophobia.

Papers dealing with research carried out at the Institute during the year were published in the *Indian Journal of Medical Research*.

KING EDWARD VII MEMORIAL PASTEUR INSTITUTE, SHILLONG.

Major J. H. Horne, I.M.S., officiated as Director, from 1st January 1921 to May 1921 and Major F. P. Mackie, O.B.E., I.M.S., the permanent Director, was in charge for the rest of the year.

The number of patients who completed a full course of treatment during the year was 1,755, composed of 105 Europeans and 1,650 Indians.

The total number of patients showed an increase of 129 compared with the previous year. Of these 7 died more than fifteen days after the completion of the full course and are recorded as failures, thus giving a failure rate of 0.40 per cent.

In addition 33 patients discontinued treatment for various reasons. Twenty-six per cent. of the total patients had been bitten by jackals. Advice was given to 120 persons in whose cases treatment was not considered necessary.

Bacteriological and Research Section.—The number of specimens examined totalled 2,656 as compared with 2,166 in 1920, the increase being due to work in connection with kala-azar and diptheria.

In the kala-azar ward 53 cases were treated during the year. 30 were discharged, 6 transferred to other hospitals, 4 left before completing treatment, 11 died and two remained under treatment.

The 30 cases which were discharged had a complete course of treatment and spleen punctures were done before they were sent out, with the following result from the examination of the spleen juice.

19 cases. Both cultures and films negative.

8 cases. Films negative, cultures positive, though the patients appeared healthy ; spleen not palpable, blood picture normal.

2 cases. Both films and cultures positive, though patients appeared healthy.

1 case. Both films and cultures positive and patient not improved.

This last case was a child aged 10 years, who had had 3.75 grammes sodium antimony tartarate during 11 months but showed no improvement. Of the 11 cases who died, two had had no treatment as they arrived in a moribund condition.

Peripheral blood cultures (Row's technique) were carried out in 44 cases controlled by cultures and films of spleen juice. In every case which showed L. D. bodies in the spleen juice, the peripheral blood culture was positive.

Sanction was obtained to the building of two two-roomed cottages for better class Indian suffering from kala-azar and they will be completed by the end

of the financial year. The kala-azar investigation work was continued under the direction of Major Mackie, the Indian Research Fund Association placing the services of Mrs. H. A. Adie, and Mr. P. R. Awati, Medical Entomologist at his disposal for this work. 26 cases of diptheria occurred in Shillong between April and December and on investigation of the throats of 182 apparently healthy persons, mostly children, showed 16 harbouring the diptheria bacillus.

Vaccine Section.—This section was in charge of Civil Assistant Surgeon Ram Taran Sen during the year. It continued the manufacture of P. I. P. (Influenza), cholera, T. A. B. vaccines. The out-put was as follows :—

P. I. P. (Influenza vaccine)	..	..	70,075 cc.
Cholera vaccine	..	..	25,612 cc.
T. A. B. vaccine	..	..	814 cc.

THE BURMA PASTEUR INSTITUTE AND BACTERIOLOGICAL LABORATORY.

Lieutenant-Colonel T. H. Gloster, I.M.S., officiated as Director of the Institute throughout the year, and Lieutenant-Colonel J. C. G. Kunhardt, I.M.S., as Assistant Director from the 7th February 1922.

The number of patients who completed a full course of treatment during the year was 426, as compared with 454 in the previous year, a decrease of 28 ; but 356 persons were advised that treatment was not necessary, the total attending being 893 or an increase of 6 per cent. One patient only died of hydrophobia after receiving the full course. 111 patients discontinued treatment from various causes. Out of 537 cases who attended for bites the biting animal was a dog in 525, a cat in 3, bullock in 1, cow in 1, horse in 1, sheep in 1, monkey in 1, fox in 1, human being in 3.

Bacteriological and Research Section.—The number of microbiological and histological examinations carried out during the year was 2,356, an increase of over 50 per cent. over the previous year. 329 autogeneous vaccines were prepared.

An inquiry into the causes of the prevalence of enteric fever among prisoners in Insein jail was commenced by Lieutenant-Colonel Kunhardt, I.M.S.

THE INDIAN RESEARCH FUND ASSOCIATION.

178. 1. *Relapsing fever.*—Major Cragg, I.M.S., submitted his final report on the results of his inquiry. This has been published in the *Journal of Medical Research*, Volume 10, No. 1, July 1922, entitled “ Relapsing Fever in the United Provinces of Agra and Oudh.” The paper is a long and valuable one.

2. *Plague and rat-fleas.*—Along with this inquiry on Relapsing fever Major Cragg was able to make investigations on the Indian Rat-fleas and the results of these investigations were published in the *Indian Journal of Medical Research*, Volume 9, No. 2, October 1921, in a paper entitled “ The geographical distribution of the Indian Rat-fleas as a factor in the epidemiology of plague.” Major Cragg examined 17,339 Rat-fleas received from the Punjab, Bombay, Central India, Madras and Burma.

3. *Leprosy.*—Dr. Muir is investigating the effects of the derivatives of chaulmoogra oil in the treatment of leprosy. He has also carried out serological

studies in connection with leprosy in collaboration with Major R. B. Lloyd, I.M.S., Imperial Serologist. He has published during the year a handbook of leprosy and drawn up two pamphlets entitled, (1) Instructions for those under treatment for leprosy and (2) Some hints on the use of the ethylesters of the fatty acids of hydnocarpus and chaulmoogra oils in the treatment of leprosy. Mr. Nishi Kanta De, B.Sc., was appointed in the place of Sudhamoy Ghosh to carry on the chemical portion of the inquiry in connection with the leprosy inquiry. He is working under Dr. Muir and Lieutenant-Colonel J. W. D. Megaw.

Work in connection with the grant made to the Reverend Frank Oldrieve for trial treatments on modern lines.

Dr. Muir gives a statement of deaths at Purulia Lepers Asylum and states that the death-rate has been reduced by almost 25 per cent. since special and hookworm treatment began.

4. *Inquiry on nim or margosa oil and its derivatives.*—Dr. K. K. Chatterji has continued his investigations on the effects of the products of Nim oil in the treatment of malignant disease. Many cases of cancer have been under treatment. In some cases he employed copper margosates, in others salts of copper alone. In the histological portion of the investigation he has had the benefit of the co-operation of Major Acton, Professor of Bacteriology, Tropical School of Medicine and Hygiene, Calcutta.

5. *Influenza.*—The statistical figures which were collected during the inquiry on influenza have been examined by Major King who has submitted an interesting report. Captain Malone has published a paper in the *Indian Journal of Medical Research*, Volume 9, No. 1, July 1921, on “ the production of B. Influenza vaccine on a large scale ” and another paper entitled “ A Bacteriological investigation of influenza carried out under the Indian Research Fund Association, Part II—influenza in Bombay, July 1919 to June 1920 ”. This paper was published in Volume 9, No. 2, October 1921.

6. *Pneumonia inquiry.*—Captain Malone, I.M.S., has conducted this inquiry throughout the whole year. He has carried out inoculations with anti-pneumococcus vaccine in the Waziristan force and also in Quetta. The results of the trials with anti-pneumococcus vaccine are being very carefully recorded and will be studied statistically after completion. Careful controls are being maintained throughout the research. Captain Malone published an interesting paper “ On the large scale production of Pneumococcus Vaccine ” in the *Indian Journal of Medical Research*, Volume 9, No. 1, July 1921.

7. *Deficiency diseases.*—Lieutenant-Colonel McCarrison, I.M.S., on his return from Oxford on 29th July 1922, resumed his investigations under the Indian Research Fund Association at the Pasteur Institute, Coonoor. During 1921, Colonel McCarrison published a book entitled “ Studies in Deficiency Diseases ” which gives an account of his various researches on this subject. Reports by him on his investigations are being published in the *Indian Journal of Medical Research*. He will co-operate with the workers in the Agricultural Department so that his investigations will be as comprehensive as possible. The subject of nutrition is a very important one for India.

8. *Indian mosquitoes.*—Captain Barraud has conducted his researches throughout the year on this subject and has visited various parts of India to collect material. In this connection an important paper has been received from the British Museum entitled “ A Synopsis of adult oriental culicine mosquitoes ” by Mr. F. W. Edwards and this paper has been published in two parts in the

Indian Journal of Medical Research, Volume 10, Nos. 1 and 2, July and October 1922. Captain Barraud has submitted his papers for publication in the *Indian Journal of Medical Research*. Part I, has already appeared in the January 1923 number of the Journal. They are very fully and excellently illustrated by photographs, so that the identification of mosquitoes referred to in the paper should be easy.

9. *Kala-azar inquiry*.—An inquiry was carried on in Assam by a team of workers under the local direction of Lieutenant-Colonel F. P. Mackie, Director of the Pasteur Institute, Shillong. Lieutenant-Colonel Mackie proceeded on leave to England and Major Shortt took over his work. Mrs. Adie resigned from this inquiry on account of ill-health on 3rd January 1922. A paper by her entitled “ A preliminary note on the development of Leishman-Donovan Parasite in spleen juice and in the alimentary tract of *Cimex Lectularius* ” has been published in Volume 9, No. 2, October 1921 of the *Indian Journal of Medical Research*. Also a paper by her entitled “ A note on Bodies observed in *Cimex Rotundatus*, Linne, collected in a kala-azar infected area in Assam ” has been published in Volume 10, No. 1, January 1922. A paper by Mr. Awati entitled “ Some notes on *Conorhinus Rubrofasciatus* (de Geer) ” was published in the *Indian Journal of Medical Research*, Volume 9, No. 2, October 1921, and another paper by him entitled “ Survey of biting insects in Assam from November 1921 to October 1922 ” appeared in the October 1922 number of the Journal.

Dr. Brahmachari has been engaged in carrying out researches on organic preparations of antimony for the treatment of Kala-azar. He has tested the toxicity and therapeutic activity of a variety of compounds of antimony which he has prepared. He is being assisted by a chemist as a member of his staff. The results of his inquiry up to date have been published in a paper entitled “ Chemotherapy of Antimonial compounds in Kala-azar infection, Part I ” in Volume 10, No. 2, October 1922 of the *Indian Journal of Medical Research*, Part II, have been received for publication and will appear in the April 1923, number of the Journal. Urea Stibamine—which has been prepared by him is giving hopeful results in the treatment of cases of Kala-azar.

10. *Hookworm inquiry*.—This inquiry has been conducted by Dr. K. S. Mhaskar in conjunction with the Reverend Father Caius, who is conducting the chemical portion of the inquiry. Dr. Mhaskar, in co-operation with Dr. Kendrick of the Rockefeller Foundation, carried out under the auspices of the Indian Research Fund Association an anti-hookworm campaign in the Tea Estates of Mudis, Coimbatore district and (2) Kalianapandal. It was followed by a marked improvement in the health of the colliers working on the estates. Such campaigns indicate the value of medical research to industries in India. A number of papers by Dr. Mhaskar and the Reverend Father Caius have been published in the *Indian Journal of Medical Research*.

11. *Immunity with special reference to anti-venin*.—The Reverend Father Caius is investigating the question of concentrating the anti-venomous serum now prepared at Kasauli, the idea being to obtain greater potency for less bulk, thus enabling larger doses to be more easily given and also obviating to some extent the possibility of serum sickness. He is attacking this problem both by physical and chemical methods. Some of the physical methods depend on evaporation, others on dialysis and others on electrolysis.

12. *Analysis of quinine and cinchona derivatives*.—This inquiry is also being conducted by the Reverend Father Caius along with his inquiry on Immunity.

He is co-operating with Major Sinton in this research and is conducting the chemical analysis of samples of quinine for him.

13. *Malaria*.—Major Sinton commenced this inquiry from 20th July 1921. He worked at Nagpur in the Central Provinces and at Lahore in the Punjab. He has elaborated and simplified a method for the cultivation of the malarial parasite. The results of this investigation were published in a paper entitled “ A simplified method for the cultivation of *Plasmodium Flaciparum* in vitro ” and in another paper entitled “ Further remarks on a clinical method for the cultivation of subtertian malaria parasite in vitro ” in Volume 10, No. 1, July 1922 of the *Indian Journal of Medical Research*. He has also confirmed the presence in India of a variety of the malarial parasites named *Plasmodium tenue*. The results of this investigation were published in the same volume and number of the Journal. He is at present engaged in elaborating and testing a method of treatment of malaria in which alkalies are combined with quinine. He has submitted a short preliminary report on this subject, which was published in the *Indian Journal of Medical Research*, Volume 10, No. 3, January 1923.

14. *Composition of river waters in Bengal*.—These researches on the seasonal variations in the composition of the river waters in Bengal and the influence which these variations exert on the process of sedimentation and filtration of water are being conducted by Rao Sahib V. Govinda Raju.

15. *Lathyrism*.—The chemical aspect of this inquiry is being carried out by Dr. J. L. Simonsen of the Forest Research Institute, the Botanical by Mr. A. Howard, Imperial Economic Botanist, Pusa, and the Pharmacological part by Captain Anderson, I.M.S., at the Central Research Institute, Kasauli. Interesting and suggestive results have resulted from this inquiry and an important preliminary note was published in the *Indian Journal of Medical Research*, Volume 10, No. 3, January 1923.

16. *Ground-nuts and Sterilization of water supplies by Chlorogene*.—This inquiry, which has been conducted by Dr. McKenzie Wallis, has now been concluded and he has submitted his report.

17. *Schistosomiasis*.—Major Sewell has made an extensive study of cercariae in India and the results of his investigations are incorporated in an important Monograph which has been published by the Indian Research Fund Association as a Supplementary Number, Volume 10, June 1922, of the *Indian Journal of Medical Research*. This work is a most important addition to our knowledge of this subject and will form the basis of future investigations connected with the Bilharzia infection.

18. *Entomological Section of the Central Research Institute, Kasauli*.—For want of provision in the budget of the Central Research Institute, Kasauli, the Governing Body of the Indian Research Fund Association met the expenses of the Entomological Section for the year under Report.

19. *Training of Sub-Assistant Surgeons and Laboratory Attendants*.—The Governing Body of the Indian Research Fund Association sanctioned the training of one Sub-Assistant Surgeon and two Laboratory Attendants at each of the following Institutes and laboratory :—

- (1) Central Research Institute, Kasauli.
- (2) Pasteur Institute, Coonoor.
- (3) Pasteur Institute, Shillong.
- (4) Bombay Bacteriological Laboratory, Parel, Bombay.

This scheme will furnish officers in charge of enquiries with trained subordinate personnel immediately so that no time will be lost in training these men as was formerly the case. The subordinate personnel will ordinarily be attached to inquiries in the province in which they are trained.

20. *The Indian Journal of Medical Research.*—*The Indian Journal of Medical Research* has just completed its 9th year of existence. The Journal now appears regularly at the proper dates. This Journal is the only means of communication between scientific workers in India and the rest of the world. It therefore plays a very important part in medical research in India.

CENTRAL HEALTH BOARD.

178. The Central Health Board held its first meeting on the 17th March 1922, at the Imperial Secretariat, Delhi.

The following members were present.

Chairman.

Major-General the Hon'ble Sir WILLIAM RICE EDWARDS, K.C.I.E., C.B., C.M.G., M.D., F.R.C.S.E., K.H.P., Director-General, Indian Medical Service.

Ex-officio members.

Lieutenant-General Sir CHARLES BURTCHAELL, K.C.B., C.M.G., M.B., K.H.S., Director of Medical Services.

Lieutenant-Colonel F. H. G. HUTCHINSON, C.I.E., M.B., I.M.S.; Public Health Commissioner with the Government of India.

Lieutenant-Colonel E. D. W. GREIG, C.I.E., M.D., I.M.S., Director of Medical Research.

Lieutenant-Colonel R. A. NEEDHAM, C.I.E., D.S.O., M.D., I.M.S., Deputy Director-General, Indian Medical Service.

Members.

Lieutenant-Colonel R. ROW, O.B.E., M.D., Bombay.

Lieutenant-Colonel W. F. HARVEY, C.I.E., M.B., I.M.S., Director, Central Research Institute, Kasauli.

Lieutenant-Colonel W. C. H. FORSTER, M.B., I.M.S., Director of Public Health, Punjab.

Major J. CUNNINGHAM, M.D., I.M.S., Director, King Institute, Madras.

Major RANJIT SINGH, O.B.E., M.L.C., Allahabad.

Dr. KHWAJA ABDUR RAHMAN, Assistant Director of Public Health, Punjab.

Rai Bahadur Dr. HIRA LAL, M.L.C., Punjab.

Rao Bahadur Dr. W. R. C. BHAT, M.L.C., Central Provinces.

Secretary.

Major E. C. HODGSON, D.S.O., I.M.S., Assistant Director-General, Indian Medical Service (Sanitary).

The Hon'ble Mian Sir Muhammad Shafi, K.C.S.I., C.I.E., the member for Education and Health welcomed the members of the Central Health Board and explained the Government of India's reasons for calling the Central Health Board together and its future functions.

The Board considered—

1. the question of the quarantine station at Kameran and were of opinion :—

(a) The station is adequately equipped for immediate necessities.

(b) The consideration of providing further masonry huts and hospitals required further experience before it could be taken up.

(c) That sanitary control of the pilgrimage should be vested in a committee on a territorial principle under the Health Organisation of the League of Nations.

(d) That compulsory anti-cholera vaccination of pilgrims before embarkation at Bombay and Karachi is impracticable but its voluntary application is strongly recommended.

(e) That by medical supervision of pilgrims awaiting embarkation at Bombay or Karachi the risk of cholera infected ships arriving at Kameran would be materially reduced.

(f) That no pilgrim ship should be permitted to leave Bombay or Karachi so late in the season as to necessitate the omission of a call at Kameran.

2. The Board recommended :—

(a) The internotification and interchange of information (regarding epidemic disease, etc.), not only between India and States in the endemic Yellow Fever area but also with all States on the lines of communication between the endemic area and India.

(b) That a Central Health Bureau should be formed for the collection and dissemination of information received.

3. The Board considered that the representation of India on the International Health Boards and Committees is very necessary.

4. The Board considered that an all-India Council of Medical Education and Registration was very desirable.

5. The Board recommended that Medical Research Officers should not be permitted to indulge in private or consulting practice except in very exceptional conditions and circumstances.

F. H. G. HUTCHINSON, *Lieut.-Col., I.M.S.,*
Public Health Commissioner with the Government of India.

APPENDICES

TO THE

Annual Report of the Public Health Commissioner with
the Government of India.

FOR

1921.

A.—Groups.	Years.	Average strength.*	Constantly sick.	Invaliding.	FROM																				
					A.—ADMISSIONS.		D.—DEATHS.		Influenza.	Cholera.	Small-pox.		Enterica.	Malaria.		Pyrexia of uncertain origin.		Lobar pneumonia.		Dysentery.		Venereal diseases.		All causes.	
					A.	D.	A.	D.			A.	D.		A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
Group I.—Burma Coast and Bay Islands.	1911-1920 1920 1921	1,136 932 1,028	45 71 44	21.0 33.3 10.7	16.1 15.0 1.0	0.09 ... 0.64	...	...	0.8 1.1 ...	0.26	0.7 1.1 ...	0.09	102.8 50.4 32.1	0.18 1.07 ...	43.2	0.09	1.9 2.1 ...	0.18	8.0 5.4 11.7	0.18 ... 0.97	94.6 318.7 210.1	0.26	842.4 1,160.9 716.9	6.25 3.22 1.95
" II.—Burma Inland ...	1911-1920 1920 1921	943 286 176	37 73 49	7.2 10.5 ...	14.5 ... 5.7	0.64 ... ...	...	...	... ... ...	... ... ...	... ... ...	... ... ...	125.9 62.5 119.0	0.95 3.50 ...	24.8 ... 18.8	... ... ...	3.5 ... 2.1	0.11 ... 0.43	7.7 ... 8.4	0.64 ... 0.62	109.7 ... 129.1	... ... 0.66	691.6 1,090.9 710.2	5.41 13.99 5.66
" IV.—Bengal and Orissa	1911-1920 1920 1921	1,615 1,302 1,575	45 67 78	30.8 47.6 26.0	24.1 11.5 ...	0.19 ... ...	...	...	0.2 2.3 ...	0.06 0.77 ...	2.1	0.31	119.0 218.9 175.2	0.49	6.1 ... ...	... ... ...	4.6 ... 9.5	0.43	3.1 ... 27.3	0.77 ... 0.34	247.3 ... 60.2	... ... 0.02	1,337.9 1,134.3 670.4	7.68 5.08 7.12
" V.—Gangetic Plain and Chutia Nagpur.	1911-1920 1920 1921	4,704 4,320 5,098	35 41 48	21.6 41.9 9.0	38.6 19.7 17.5	0.47 0.23 ...	...	...	0.7 0.2 ...	0.06	66 4.6 3.1	0.49 0.23 0.59	49.5 127.1 336.8	0.11 0.69 0.20	27.1 0.2 0.1	... ... ...	3.5 4.2 1.2	0.66 0.69 0.39	7.2 9.5 15.5	0.34 0.23 0.39	60.2 126.9 88.1	... ... 0.02	876.8 856.0 1,251.9	8.28 8.33 8.83
" VI.—Upper Sub-Himalaya.	1911-1920 1920 1921	12,805 11,796 11,138	43 56 54	16.9 38.3 11.7	36.5 15.4 5.4	1.58 ... ...	...	...	0.7 0.3 ...	0.10	4.2 6.4 5.8	0.68 0.93 0.63	203.4 209.3 403.2	0.41 0.34 1.35	10.0 0.4 0.3	... ... ...	3.7 5.0 6.7	0.41 0.85 0.90	5.7 7.7 9.2	0.15 0.17 0.09	50.4 96.7 112.9	... 0.08 ...	1,123.3 1,412.5 1,313.1	7.63 9.68 8.74
" VII.—North-West Frontier, Indus valley and North-Western Rajputana.	1911-1920 1920 1921	6,381 8,675 8,464	44 55 48	16.8 35.9 11.2	38.2 4.5 9.9	1.91 0.12 ...	...	...	0.9 0.5 0.9	0.08 0.12 0.12	4.5 3.9 3.8	0.15 0.23 0.24	309.8 255.2 572.1	0.88 1.04 1.42	13.5 4.5 0.9	... ... ...	4.9 5.8 4.8	0.88 0.92 0.71	2.7 5.8 12.1	0.17 0.35 ...	43.3 64.6 72.5	0.06	1,049.9 1,412.5 1,313.1	9.18 9.68 8.74
" VIII.—South-Eastern Rajputana, Central India and Gujarat.	1911-1920 1920 1921	4,921 4,899 5,445	37 47 47	18.8 41.0 14.1	33.7 12.7 ...	1.22 0.41 ...	...	...	1.1 ... 0.7	0.16 ... 0.18	4.1 7.6 3.5	0.61 0.61 0.37	149.1 247.0 392.7	0.14 0.20 0.55	6.3 8.6 0.6	0.02	1.8 3.1 4.0	0.37 0.82 0.55	7.7 4.3 6.2	0.10	55.6 72.7 69.2	... ... ...	748.1 1,089.6 1,074.7	6.58 6.94 5.33
" IX.—Deccan ...	1911-1920 1920 1921	11,374 8,939 8,913	43 56 51	33.1 39.0 17.8	41.1 20.5 3.5	0.91 ... ...	...	...	0.6 0.3 1.1	0.05 0.11 0.34	4.3 3.5 3.1	0.36 0.45 0.22	170.5 118.0 175.4	0.29 0.11 0.11	4.3 0.3 0.3	... ... ...	1.9 1.9 0.9	0.26 0.11 0.34	13.8 19.8 16.0	0.14 ... 0.11	64.1 134.1 124.1	0.01 0.11 ...	705.6 962.7 854.4	5.20 4.36 4.38
" X.—Western Coast ...	1911-1920 1920 1921	1,751 1,584 1,141	70 112 89	34.0 82.2 21.9	93.7 105.4 0.9	0.74 ... ...	...	...	1.3 1.3 ...	0.34	4.3 3.2 2.6	0.23 0.63 0.88	267.2 578.9 964.9	0.63 1.89 7.01	7.4 0.6 ...	... ... ...	6.4 10.7 8.8	1.03 1.26 0.88	19.5 12.6 4.4	0.91 0.63 ...	162.5 280.9 220.9	... ... 0.08	1,213.0 1,905.3 1,850.1	10.79 10.10 15.78
" XI.—Southern India ...	1911-1920 1920 1921	3,843 1,873 2,252	38 56 57	24.8 24.6 14.7	32.5 1.6 0.44	1.93 ... ...	...	...	0.8 ... 0.9	0.13 ... 0.44	8.1 1.1 1.8	0.39 0.53 ...	91.4 48.1 67.9	0.8	3.4 ... ...	... ... ...	1.8 2.7 1.8	0.29 1.07 0.44	27.1 33.1 8.0	0.29	96.3 252.0 209.6	... ... 0.44	662.7 876.7 724.7	5.91 4.81 5.33
" XII(a).—Hill Stations ...	1911-1920 1920 1921	9,861 7,934 8,985	34 62 43	14.7 41.1 6.3	28.7 6.9 8.1	1.15 ... 0.11	...	...	0.2 0.6 0.2	0.04 0.13 0.06	2.7 4.6 3.2	0.19 0.38 ...	160.5 74.1 196.3	0.21 ... 0.22	6.2 0.4 0.6	0.01	2.6 5.3 3.0	0.34 1.00 0.45	3.4 4.1 13.6	0.11 ... 0.33	38.0 108.5 83.2	0.07 0.13 ...	615.4 835.4 661.0	4.70 4.52 3.45
" XII(b).—Hill convalescent Depots and Sanatoria.	1911-1920 1920 1921	3,428 2,568 2,379	49 63 69	17.4 45.2 13.9	28.8 3.1 17.2	1.23 ... ...	...	...	0.2	0.06	4.7 6.2 2.5	0.50 ... 1.26	189.8 120.7 205.1	0.29 ... 0.42	7.5 0.8 0.8	... ... ...	4.9 3.9 7.6	0.50 ... 0.42	11.6 20.2 18.1	0.41	34.9 78.3 110.1	0.09	675.5 841.5 892.4	7.88 4.67 8.83
India	1911-1920 1920 1921	66,304 57,332 58,681	42 61 52	21.3 40.4 12.8	36.0 14.8 7.6	1.20 0.07 0.03	...	...	0.6 0.4 0.5	0.09 0.07 0.12	4.1 4.6 3.4	0.42 0.45 0.34	171.8 176.6 321.7	0.35 0.42 0.75	10.1 2.0 0.6	0.02	2.1 4.4 4.0	0.44 0.70 0.53	8.9 10.1 12.1	0.22 0.16 0.15	60.1 118.2 110.4	0.05 0.07 0.02	766.8 1,071.5 1,031.3	6.75 6.72 6.95

* Decennial ratios are worked on the total strength of the ten-year period.

From 1911 to 1920 are worked on aggregate strengths of that period.

B.—Admission and death rates from Enteric group of fevers in stations of over 1,000, strength.

Stations.	1921.		Decennium 1911—1920.		Stations.	1921.		Decennium 1911—1920.	
	Admission ratio per 1,000.	Death ratio per 1,000.	Admission ratio per 1,000.	Death ratio per 1,000.		Admission ratio per 1,000.	Death ratio per 1,000.	Admission ratio per 1,000.	Death ratio per 1,000.
Peshawar ...	4.1	0.63	5.9	0.54	Karachi ...	...	...	2.0	0.23
Nowshera ...	1.8	...	4.3	0.60	Quetta ...	2.9	...	3.0	0.23
Rawalpindi...	9.6	0.80	4.4	0.52	Mhow ...	5.6	...	4.8	0.36
Sialkot ...	11.1	...	4.4	1.18	Jubbulpore ...	4.1	0.68	2.3	0.54
Meerut ...	3.7	0.53	5.1	0.47	Poona ...	4.2	...	9.1	0.40
Delhi ...	3.5	1.76	4.4	1.16	Colaba ...	2.7	0.88	4.8	0.32
Ranikhet ...	7.4	...	2.5	0.09	Deolali ...	...	...	2.5	0.25
Chakrata ...	1.8	...	2.0	0.12	Secunderabad ...	3.4	0.38	2.5	0.38
Lucknow ...	0.5	...	8.1	0.75	Bangalore...	2.1	...	9.3	0.46

Years.	“ C ” Officers.				“ D ” Women.				“ E ” Children.			
	Average annual strength.	Admission rate per 1,000.	Constantly sick rate per 1,000.	Death rate per 1,000.	Average annual strength.	Admission rate per 1,000.	Constantly sick rate per 1,000.	Death rate per 1,000.	Average annual strength.	Admission ratio per 1,00	Constantly sick rate per 1,000.	Death rate per 1,000
1911-1920.	2,790	867.6	35.06	8.18	2,756	509.6	20.33	8.93	4,551	373.8	14.49	25.24
1920 ...	3,136	817.6	34.47	7.65	3,749	554.0	20.91	11.74	4,532	389.3	13.68	37.07
1921 ...	3,122	737.7	29.59	8.01	5,737	438.4	14.55	8.02	6,809	336.3	10.21	29.52

APPENDIX TO SECTION II—INDIAN TROOPS.

A.—Commands and Districts.	Year.		Average strength.	RATIO PER MILLE OF STRENGTH.											
				Admissions into Hospital.	Constantly sick.	DEATHS FROM.									
						Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Pulmonary Tuberculosis.	Pneumonia lobar.	Dysentery.	Abscess of the liver.	All causes.	Mortality including absent deaths.
Northern Command ...	1921	...	66,368	631·6	31·63	0·32	0·03	0·21	0·51	0·90	2·76	0·17	0·05	10·31	
Western Command (Excluding Waziristan Force).	1921	...	22,707	659·7	36·04	...	0·04	0·04	0·35	0·97	3·70	0·57	0·04	13·74	
Eastern Command ...	1921	...	31,635	633·1	32·83	0·51	...	0·16	0·54	0·66	1·83	0·41	...	7·43	
Southern Command ...	1921	...	30,292	648·9	37·61	0·03	0·03	0·10	0·30	0·59	1·25	0·20	...	6·47	
Peshawar District ...	1921	...	22,504	693·0	27·16	0·53	...	0·27	0·36	0·53	2·27	0·27	...	8·67	
Kohat District ...	1921	...	14,111	839·0	32·09	0·28	...	0·14	0·57	0·50	2·69	0·07	...	14·03	
Rawalpindi District ...	1921	...	14,795	717·9	39·54	0·20	0·07	0·14	0·68	2·03	3·38	0·14	0·20	10·81	
Lahore District ...	1921	...	14,958	479·9	30·31	0·13	0·07	0·27	0·53	0·74	2·74	0·13	...	8·76	
Waziristan Force ...	1921	...	17,721	793·9	37·53	2·43	0·06	0·06	1·98	1·07	3·61	0·45	...	18·51	
Baluchistan District ...	1921	...	14,433	692·7	39·21	...	0·07	...	0·42	1·04	4·30	0·76	0·07	16·49	
Sind-Rajputana District...	1921	...	8,274	602·1	30·51	...	...	0·12	0·24	0·85	2·66	0·24	...	8·94	
United Provinces District	1921	...	25,176	568·4	30·51	0·64	...	0·20	0·36	0·71	1·79	0·36	...	7·31	
Allahabad Brigade ...	1921	...	3,741	1,006·1	43·22	...	...	...	1·60	0·27	2·94	0·80	...	7·75	
Presy. and Assam District	1921	...	2,718	718·5	39·98	...	...	...	0·74	0·74	0·74	0·37	...	8·09	
Central Provinces District.	1921	...	8,936	737·7	39·89	0·11	0·11	0·11	0·34	0·55	1·23	0·22	...	6·71	
Poona District ...	1921	...	12,953	559·8	34·61	...	...	0·08	0·08	0·46	1·54	0·15	...	5·79	
Bombay District ...	1921	...	2,181	1,039·4	48·66	...	...	0·46	2·29	1·38	1·33	0·46	...	11·92	
Madras District ...	1921	...	6,222	569·8	36·68	...	...	...	...	0·64	0·64	0·16	...	5·62	
Burma District ...	1921	...	5,275	791·1	46·54	...	...	...	0·38	0·76	0·38	0·19	...	3·98	
Army of India ...	1921	...	15,384	679·7	34·39	0·46	0·03	0·14	0·60	0·83	2·46	0·30	0·02	10·16	10·4

N.B.—Owing to the reorganisation of the Army into Commands and Districts, it is not possible to compare the figures for 1921 with those for 1920 when the system of Armies and Divisions was in existence.

B.—GROUPS.	Year.	Average strength.	Constantly Sick.	Invalids.	A.—ADMISSIONS. D.—DEATHS FROM:—																			
					Influenza.		Cholera.		Small-pox.		Enteric group of fevers.		Malaria.		Pyrexia of uncertain origin.		Lobar pneumonia.		Dysentery.		Venereal Diseases.		All causes.	
					A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
Group I.—Burma Coast and Bay Islands.	1911-20	1,513	30.66	...	7.6	...	0.1	0.7	0.1	...	...	...	158.6	1.65	45.1	0.7	15.5	3.50	9.6	20	54.6	0.7	731.3	9.38
	1920	1,084	43.36	...	30.4	...	...	...	...	...	...	...	104.2	0.92	...	...	13.8	1.85	2.8	...	157.7	...	746.3	7.38
	1921	1,001	43.37	...	...	...	1.0	...	...	...	...	...	58.9	...	...	...	13.0	2.00	18.0	...	120.9	...	781.2	4.99
" II.—Burma Inland ...	1911-20	3029	35.33	...	24.9	1.95	0.1	0.7	4	...	0.5	0.33	170.9	1.39	25.8	1.3	7.0	1.82	14.3	33	95.1	0.3	725.0	10.43
	1920	2,916	51.78	...	24.7	0.69	...	...	1.0	...	0.3	0.34	156.4	0.34	...	...	7.9	1.37	54.5	...	196.8	...	908.4	8.92
	1921	3,246	41.65	...	4.9	...	...	...	...	...	0.6	...	81.3	...	...	...	2.2	...	0.9	...	175.0	...	696.5	2.77
" III.—Assam ...	1911-20	545	25.33	...	2.9	...	...	...	0.2	...	0.9	0.18	154.9	0.18	58.7	...	7.5	0.55	31.2	...	19.1	...	689.2	2.94
	1920	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	1921	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IV.—Bengal and Orissa	1911-20	2,609	29.47	...	88.6	4.83	0.6	0.42	0.2	...	0.7	0.11	112.2	0.61	40.6	0.4	8.2	1.26	16.7	23	40.6	0.4	779.9	10.73
	1920	2,627	35.40	...	47.2	2.28	...	...	0.4	...	...	...	232.2	0.76	...	...	2.7	...	3.0	...	88.7	...	816.9	4.57
	1921	1,948	44.38	...	23.1	...	...	...	...	...	0.5	...	164.8	1.03	...	...	7.2	0.51	21.6	...	87.3	0.51	777.2	5.65
Group V.—Gangetic Plain and Chutia Nagpur.	1911-20	9,693	27.56	...	34.1	3.02	0.8	0.43	0.6	0.1	0.8	0.18	53.7	0.25	13.1	0.04	11.1	2.20	8.3	0.15	43.4	0.7	577.7	9.40
	1920	11,717	32.77	...	19.3	2.56	0.3	0.43	0.5	...	0.4	...	103.5	0.17	0.6	...	7.4	0.94	7.3	0.43	89.3	0.17	590.9	8.19
	1921	8,736	38.80	...	34.2	1.26	0.2	0.11	0.1	...	0.1	...	277.2	0.92	0.1	...	9.5	2.17	17.7	0.34	60.9	0.11	761.4	8.24
Group VI.—Upper Sub-Himalaya.	1911-20	39,905	35.29	...	30.1	3.86	0.5	0.19	0.8	0.7	1.1	0.22	168.2	0.57	17.1	0.11	16.8	4.02	11.9	0.17	45.6	0.06	683.3	13.76
	1920	49,494	46.05	...	5.1	0.26	0.4	...	0.6	0.2	0.7	0.08	155.8	0.26	1.0	0.04	14.9	3.03	5.5	0.04	62.9	0.06	712.0	8.71
	1921	37,944	33.70	...	9.3	0.74	0.7	0.37	0.6	0.05	0.9	0.16	181.4	0.47	0.6	...	12.8	2.79	20.4	0.29	44.4	0.05	594.9	8.99
Group VII.—North-West Frontier, Indus Valley and North-Western Rajputana.	1911-20	32,252	38.49	...	34.1	3.55	0.3	0.12	0.6	0.1	2.0	0.49	265.6	0.90	13.9	0.11	19.1	4.55	20.9	0.15	27.5	0.03	905.4	14.08
	1920	56,540	41.09	...	14.5	1.17	...	...	0.6	0.05	0.6	...	311.6	0.51	1.1	...	11.7	2.30	7.6	0.07	33.3	0.04	869.8	8.81
	1921	55,333	28.09	...	3.6	0.43	2.0	1.01	0.3	0.02	0.8	0.20	299.4	0.74	0.2	...	10.9	2.53	18.4	0.18	21.6	0.02	727.1	11.82
Group VIII.—South Eastern Rajputana, Central India and Gujarat.	1911-20	15,789	28.99	...	48.3	4.10	0.4	0.23	0.7	0.3	1.4	0.24	113.1	0.52	7.1	0.06	11.6	2.45	9.3	0.07	27.4	0.04	644.5	12.01
	1920	16,463	32.68	...	11.4	0.73	...	...	0.3	...	0.5	0.18	189.0	1.03	0.2	0.06	15.1	2.61	1.6	...	38.4	...	652.6	9.05
	1921	10,872	33.79	...	10.0	0.37	0.6	0.28	0.1	0.09	1.1	0.18	219.9	0.37	0.1	...	14.5	3.86	4.4	0.55	38.4	...	646.4	9.84
Group IX.—Deccan ...	1911-20	23,070	36.11	...	34.5	4.25	0.5	0.29	0.7	0.6	0.9	0.23	92.7	0.41	8.3	0.5	10.6	2.36	18.1	0.29	61.2	0.7	712.9	12.27
	1920	25,854	46.88	...	19.4	0.77	...	...	0.7	0.12	0.3	0.12	126.2	0.43	...	...	7.5	1.59	2.8	0.04	93.1	0.12	741.5	8.12
	1921	17,219	85.87	...	18.2	1.22	0.1	0.06	0.5	...	0.5	0.06	131.5	0.17	...	...	6.0	1.28	5.5	0.12	70.3	...	616.5	5.98
Group X.—Western Coast ...	1911-20	2,606	58.09	...	76.0	4.41	0.5	0.19	1.4	0.8	1.2	0.23	175.7	0.31	25.6	0.08	11.9	2.46	40.7	0.23	135.2	...	1,004.9	12.82
	1920	3,781	56.86	...	196.2	5.55	0.3	...	0.5	0.26	0.3	...	228.8	0.26	0.3	...	8.7	0.79	9.8	0.26	205.0	...	1,248.1	12.43
	1921	3,453	41.31	...	10.7	0.29	...	...	0.3	...	0.6	0.29	251.1	1.45	...	...	9.6	0.87	3.2	0.29	57.1	...	781.3	7.53
Group XI.—Southern India	1911-20	6,092	32.17	...	48.1	3.43	0.7	0.31	2.8	0.56	0.8	0.10	86.5	0.38	3.0	0.02	5.8	0.98	6.9	0.11	76.9	0.02	616.5	10.09
	1920	6,484	47.40	...	25.0	0.77	0.3	...	1.8	...	1.5	0.31	100.7	0.15	0.2	...	6.8	1.23	16.5	...	131.1	...	680.6	6.94
	1921	4,890	38.64	...	30.5	0.82	...	...	0.6	...	0.4	...	74.6	...	...	...	2.9	0.82	3.9	0.20	77.1	...	630.1	7.16
Group XII.—Hill Stations ...	1911-20	28,103	33.49	...	42.3	3.55	0.2	0.17	0.4	0.7	1.7	0.4	178.4	0.90	17.0	0.10	14.2	3.42	9.8	0.23	25.4	0.03	703.4	13.56
	1920	36,840	44.92	...	63.2	3.66	...	...	0.8	0.16	0.7	0.19	234.3	0.6	3.0	0.03	12.8	3.09	2.9	0.33	35.1	0.03	745.4	16.12
	1921	29,356	42.80	...	31.9	2.76	0.2	0.20	0.1	0.03	0.3	0.10	224.6	0.82	0.5	...	11.2	3.07	7.1	0.61	33.0	0.03	705.2	14.07
India ...	1911-20	175,797	33.51	17.9	35.5	3.48	0.4	0.21	0.7	0.6	1.3	0.29	145.8	0.63	15.2	0.08	13.6	3.13	14.5	0.18	40.7	0.04	711.6	12.24
	1920	216,445	42.81	21.1	25.3	1.43	0.1	0.02	0.7	0.06	0.6	0.14	206.5	0.46	1.4	0.02	11.7	2.49	6.1	0.12	60.5	0.05	762.3	9.81
	1921	175,384	34.39	20.7	14.4	0.99	0.9	0.46	0.4	0.03	0.7	0.14	223.7	0.60	1.2	...	10.6	2.46	13.7	0.30	42.7	0.03	679.7	10.16

APPENDIX TO SECTION II.—INDIAN TROOPS—*contd.*

1.—*Actuals.* 2.—*Ratios.*

C.—Plains and Hills.		Average Annual Strength.	Malaria.		Pulmonary Tuberculosis.		Lobar Pneumonia.		Other Respiratory diseases.		Dysentery and Diarrhoea.		Scurvy.		Anæmia.		All causes.		Average number cons. tanty sick.
			A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	
1917.	Plains ...	154,019	27,392	136	390	63	13,377	775	6,453	147	4,399	38	100	2	2,556	12	114,119	1,764	5,289
	Hills ...	34,026	177·8	·88	2·5	·41	21·9	5·03	41·9	·95	28·6	·25	·7	·01	16·6	·08	740·9	11·4	33·7
			7,028	37	161	56	756	180	1,990	32	783	11	27	...	412	4	25,661	426	1,233
	Hills above 5,000 feet sea-level.	17,224	206·6	1·09	4·7	1·65	22·2	5·29	58·5	·94	23·0	·32	·8	...	12·1	·12	754·2	12·52	36·2
			3,198	17	118	41	407	101	1,213	13	359	9	25	...	276	2	12,627	239	623
1918.	Hills below 5,000 feet sea-level.	16,802	185·7	·99	6·9	2·38	23·6	5·86	70·4	·75	20·8	·52	1·5	...	16·0	·12	733·1	13·88	36·2
	Hills above 5,000 feet sea-level.	17,224	3,830	20	43	15	349	79	777	19	424	2	2	...	136	2	13,034	187	610
			227·9	1·19	2·6	·89	20·8	4·70	46·2	1·13	25·2	·12	·1	...	·81	·12	775·7	11·13	36·3
	Hills below 5,000 feet sea-level.	16,802	35,320	289	703	162	5,796	1,760	17,402	538	10,470	100	195	5	4,421	7	252,515	8,604	12,020
			118·9	·97	2·4	·55	19·5	5·93	58·6	1·81	35·3	·34	·7	·02	14·9	·02	850·2	28·97	40·5
1919.	Plains ...	296,990	8,926	50	154	52	873	291	2,416	95	1,566	10	30	1	512	1	39,852	1,314	1,849
	Hills ...	43,166	206·8	1·16	3·6	1·20	20·2	6·74	56·0	2·20	36·3	·23	·7	·02	11·9	·02	911·6	31·14	42·8
			4,680	34	113	36	549	204	1,441	75	218	5	25	...	318	1	21,807	870	1,060
	Hills above 5,000 feet sea-level.	25,756	181·7	1·32	4·4	1·40	21·3	7·92	55·9	2·91	35·6	·19	1·0	...	12·3	·04	849·0	33·78	41·2
			4,246	16	41	16	324	87	975	20	648	5	5	1	194	...	17,485	474	789
1920.	Hills below 5,000 feet sea-level.	17,410	243·9	·92	2·4	·92	18·6	5·0	56·0	1·15	37·2	·29	·3	·06	11·1	...	1,001·3	27·23	45·3
	Plains ...	203,826	28,972	105	823	207	2,671	607	11,811	273	6,723	35	134	2	4,097	6	1,060,272	2,323	8,338
			142·1	·52	4·0	1·02	13·1	2·98	57·9	1·34	33·0	·17	·7	·01	20·1	·03	786·3	11·40	40·91
	Hills ...	24,152	4,433	18	86	39	258	54	1,153	28	383	9	7	...	364	3	15,291	408	811
			183·5	·75	3·6	1·61	10·7	2·24	47·7	1·16	15·9	·37	·3	...	15·1	·12	633·1	16·9	33·58
1921.	Hills above 5,000 feet sea-level.	13,003	2,337	10	53	21	138	35	420	15	205	4	7	...	217	1	7,784	210	403
	Hills below 5,000 feet sea-level.	11,089	178·9	·77	4·1	1·61	10·6	2·63	32·2	1·15	15·7	·31	·5	...	16·6	·08	595·9	16·08	30·85
			2,096	8	33	18	120	19	733	13	178	5	...	...	147	2	7,507	198	408
	Hills above 5,000 feet sea-level.	17,260	189·0	·72	3·0	1·62	10·8	1·71	66·1	1·17	16·1	·45	...	...	13·3	·18	677·0	17·86	36·79
			35,688	78	737	161	2,055	392	9,205	237	4,070	15	86	2	2,127	9	136,336	1,522	7,551
1922.	Plains ...	177,374	201·2	·44	4·2	·91	11·6	2·21	51·9	1·34	22·9	·08	·5	·01	12·0	·05	768·6	8·58	42·57
	Hills ...	36,840	8,633	22	185	70	473	147	2,345	95	463	12	12	...	310	2	27,462	594	1,655
			231·3	·60	5·0	1·90	12·8	3·99	63·7	2·58	12·6	·33	·3	...	8·4	·05	745·4	16·12	41·92
	Hills above 5,000 feet sea-level.	17,260	3,428	7	99	31	260	91	742	23	186	4	2	...	145	...	12,006	274	779
			193·6	·41	5·7	1·80	15·1	5·27	43·0	1·33	10·8	0·23	0·1	...	8·4	...	695·6	15·87	45·13
1923.	Hills below 5,000 feet sea-level.	19,580	5,205	15	86	39	213	56	1,003	72	277	8	10	...	165	2	15,456	320	876
	Plains ...	146,028	265·8	·77	4·4	1·99	10·9	2·86	81·9	3·68	14·1	0·41	0·5	...	8·4	0·10	789·4	16·34	44·74
			32,642	81	536	93	1,528	341	5,947	185	5,280	36	127	2	1,007	10	98,513	1,369	4,775·09
	Hills ...	29,356	223·5	0·55	3·7	·64	10·5	2·34	40·7	1·27	36·2	·25	·9	·01	6·9	·07	674·6	9·37	32·70
			6,595	24	128	52	331	90	1,521	47	716	18	32	1	186	9	26,702	413	1,256·32
1924.	Hills above 5,000 feet sea-level.	15,971	224·6	·82	4·3	1·77	11·2	3·07	51·8	1·60	24·4	·61	1·1	·03	6·3	·31	705·2	14·07	42·80
	Hills below 5,000 feet sea-level.	13,385	2,490	6	78	19	211	52	735	19	341	7	20	...	93	...	10,086	198	562·16
			155·9	·38	4·9	1·19	13·2	3·26	46·0	1·19	21·4	·44	1·3	...	5·8	...	631·5	12·40	35·20
	Hills above 5,000 feet sea-level.	17,224	4,105	18	50	33	120	38	783	28	375	11	12	1	93	9	10,616	215	604·17
			306·7	1·34	3·7	2·47	9·0	2·84	58·7	2·09	28·0	·82	·9	·07	6·9	·67	793·1	16·06	51·86

APPENDIX TO SECTION II.—INDIAN TROOPS—*contd.*

D.—Enteric Group of Fevers.	1911-1920.		1921.	
	Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.
European troops ...	4.1	0.42	3.4	0.34
Indian troops (including Gurkhas)	1.3	0.29	0.7	0.14
Gurkhas only ...	2.2	0.54	0.6	0.20
Prisoners ...	1.0	0.24	0.9	0.22

	E. PULMONARY TUBERCULOSIS, 1921.		F. VENEREAL DISEASES, 1921.
	Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.
Indian troops (excluding Gurkhas)	3.6	0.71	45.0
Gurkhas only ...	5.9	2.02	19.2

	G. INFLUENZA.				H. LOBAR PNEUMONIA.			
	1911-1920.		1921.		1911-1920.		1921.	
	Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.
European troops ...	36.0	1.20	7.6	0.03	3.1	6.44	4.0	0.53
Indian troops ...	35.5	3.48	14.4	0.99	13.6	5.13	10.6	2.46
Prisoners ...	40.7	2.60	45.3	1.69	12.3	3.37	13.3	3.33

A.—Maximum, Minimum and mean temperature in shade and its departures from the av

Station.				JANUARY.				FEBRUARY.				MARCH.				APRIL.				MAY.		
				Maximum.	Minimum.	Mean.	Departure.	Maximum.	Minimum.	Mean.	Departure.	Maximum.	Minimum.	Mean.	Departure.	Maximum.	Minimum.	Mean.	Departure.	Maximum.	Minimum.	Mean.
Calcutta	...	...	...	77.9	57.5	67.7	+1.3	82.9	60.5	71.7	+0.7	92.6	72.6	82.6	+2.5	94.4	76.2	85.3	-0.3	97.2	81.3	88.8
Narayanganj	...	...	...	78.4	57.7	68.0	+1.6	81.6	59.9	70.8	+0.7	87.6	70.7	79.1	+0.3	91.1	74.1	82.6	-0.9	91.8	76.8	84.3
Chittagong	...	...	...	79.8	55.9	67.8	+1.1	81.7	57.5	69.6	-0.9	86.0	69.1	77.5	+0.5	88.9	73.2	81.1	-0.1	90.1	76.5	83.3
Sibsagar	...	...	...	70.5	51.2	60.8	+1.0	72.2	53.3	62.8	-0.3	78.6	62.5	70.6	+1.3	79.0	68.1	73.6	-0.4	84.1	74.3	79.2
Silchar	...	...	...	79.4	54.0	66.7	+1.7	81.5	55.2	68.3	+0.3	86.0	65.8	75.9	+1.3	87.9	68.6	78.2	-0.3	89.6	73.5	81.6
Cuttack	...	...	...	80.9	59.6	70.3	-1.7	86.1	63.2	74.6	-2.77	98.3	72.9	85.6	+0.9	101.0	78.6	89.8	+0.1	106.8	82.5	94.7
Patna	...	...	...	74.3	52.3	63.3	+1.6	79.7	54.5	67.1	+1.4	91.4	67.6	79.5	+2.5	99.7	75.2	87.4	+0.9	105.3	80.2	92.8
Darjeeling	...	...	...	49.2	36.2	42.7	+2.1	50.9	37.5	44.2	+2.3	60.0	45.1	52.5	+3.3	65.0	50.1	57.6	+2.1	67.6	55.5	61.6
Allahabad	...	...	...	77.1	50.2	63.6	+2.6	81.8	51.5	66.6	+1.1	95.9	65.9	80.9	+3.8	106.7	76.1	91.4	+3.7	112.9	83.6	98.3
Lucknow	...	...	...	75.6	48.7	62.2	+2.1	80.1	50.3	65.2	+0.7	95.1	64.5	79.8	+4.2	106.6	75.3	90.9	+4.7	112.5	83.5	98.0
Delhi	...	...	...	70.7	49.5	60.1	+1.3	77.4	52.2	64.8	+1.7	90.8	64.1	77.5	+3.3	101.8	77.5	89.7	+3.9	109.1	86.5	97.8
Agra	...	...	...	74.7	50.6	62.6	+1.9	81.5	53.7	67.6	+2.7	95.6	65.8	80.7	+4.3	106.1	78.1	92.1	+4.6	112.3	86.3	99.4
Jhansi	...	...	...	77.5	50.0	63.8	+0.1	83.2	52.2	67.7	-0.5	97.9	65.9	81.9	+2.3	106.9	77.6	92.3	+2.1	112.1	86.4	99.3
Ajmer	...	...	...	74.4	44.4	59.4	-0.1	80.7	46.1	63.4	-0.1	94.2	63.7	79.0	+4.5	101.1	76.9	89.0	+3.9	104.7	82.1	93.4
Saugor	...	...	...	79.8	54.3	67.1	+2.7	83.7	56.0	69.0	+2.0	96.5	67.9	82.2	+4.2	103.8	76.6	90.2	+3.4	108.1	81.6	94.9
Jubbulpore	...	...	...	78.4	50.9	65.2	+2.3	83.0	50.1	66.5	-0.3	96.7	62.4	79.6	+3.1	103.7	73.2	88.5	+2.7	108.6	81.0	94.8
Multan	...	...	...	71.8	45.4	58.6	+2.1	79.7	49.4	64.5	+4.1	93.5	63.2	78.4	+6.3	103.4	76.6	90.0	+6.9	109.6	82.0	95.8
Lahore	...	...	...	69.9	41.6	55.7	+1.0	76.7	45.3	61.0	+2.7	90.9	60.0	75.4	+6.3	102.7	73.0	87.9	+7.3	110.0	77.5	93.8
Peshawar	...	...	...	65.8	39.3	52.5	+1.3	71.6	42.3	56.9	+2.9	86.4	55.1	70.7	+7.4	97.3	66.3	81.8	+8.9	107.4	74.0	90.7
Ghadrata	...	...	...	51.0	36.8	43.9	+0.6	57.6	40.4	49.0	+5.5	67.9	49.4	58.6	+6.3	77.5	56.4	67.0	+6.5	85.2	64.2	74.7
Indore	...	...	...	81.7	51.1	66.4	+1.9	85.9	50.9	68.4	+1.1	98.3	62.3	80.3	+3.9	103.7	72.1	87.9	+3.0	105.3	77.0	91.2
Deesa	...	...	...	85.8	50.1	68.0	+0.9	90.7	51.2	70.9	+0.6	102.8	62.4	81.6	+2.9	108.4	72.0	90.2	+2.5	110.2	77.5	94.8
Karachi	...	...	...	76.3	57.0	66.6	-0.5	78.1	60.1	69.1	-0.7	82.8	68.9	75.9	+1.8	86.2	75.2	80.7	+1.1	88.5	78.7	83.6
Bombay	...	...	...	83.8	67.8	75.9	+0.6	84.4	68.8	76.6	+1.0	87.8	74.1	81.0	+1.5	90.7	78.9	84.8	+1.7	92.5	81.5	87.0
Belgaum	...	...	...	86.3	59.3	72.8	+2.3	89.0	58.3	73.7	-0.2	96.1	63.5	79.8	+1.0	96.1	67.7	81.9	+0.4	94.6	69.3	82.0
Nagpur	...	...	...	86.2	55.2	70.7	+1.0	90.5	57.6	74.0	-0.1	102.7	68.1	85.4	+2.7	107.1	78.6	92.8	+2.3	112.2	87.6	99.9
Pellary	...	...	...	90.3	63.7	77.0	+2.1	94.7	64.7	79.7	-0.3	102.5	71.1	86.8	+0.6	101.3	76.4	88.9	-1.5	105.8	78.6	92.2
Bangalore	...	...	...	82.8	60.4	71.6	+2.5	87.3	59.1	73.2	+0.2	93.8	64.6	79.2	+1.3	91.7	69.0	80.3	-0.9	94.4	69.8	82.1
Madras	...	...	...	84.4	71.4	77.9	+1.7	86.0	67.1	76.6	-1.1	90.2	72.4	81.3	+0.3	92.5	78.2	85.3	+0.1	104.0	83.2	93.6
Rangoon	...	...	...	89.5	67.7	78.6	+1.7	91.7	68.4	79.0	-0.5	95.3	72.6	83.9	+0.3	93.8	76.7	87.5	+0.2	91.0	76.7	83.8
Akyab	...	...	...	80.7	58.5	69.6	-0.7	83.1	58.5	70.8	-2.1	87.7	68.2	77.9	-0.7	91.5	74.0	82.8	-0.9	90.7	77.4	84.1

* Mean of 12 days.
(a) " 16 "
(b) " 10 "

JUNE.			JULY.			AUGUST.			SEPTEMBER.			OCTOBER.			NOVEMBER.			DECEMBER.								
Minimum.	Mean.	Departure.	Maximum.	Minimum.	Mean.	Departure.	Maximum.	Minimum.	Mean.	Departure.	Maximum.	Minimum.	Mean.	Departure.	Maximum.	Minimum.	Mean.	Departure.	Maximum.	Minimum.	Mean.	Departure.				
°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°				
79.5	85.2	+0.1	89.4	79.4	84.4	+0.9	87.5	78.6	83.0	+0.1	88.2	78.5	83.4	+0.3	86.5	73.4	79.9	-0.8	82.8	63.0	72.9	-0.3	79.2	57.1	68.2	+1.7
77.1	82.7	-0.9	87.9	78.0	82.9	-0.7	87.5	78.3	82.9	-0.5	88.5	77.7	83.1	-0.6	85.3	73.9	79.6	-2.0	83.0	65.5	74.3	-0.4	78.7	58.4	68.5	+0.9
75.8	81.6	-0.3	87.6	77.6	82.3	+1.1	86.7	76.7	81.7	+0.7	87.6	76.1	81.8	+0.3	83.7	70.8	77.2	-2.7	82.9	64.0	73.5	-0.8	78.9	56.2	67.5	-0.4
76.2	81.1	-1.5	87.7	78.3	83.0	-0.7	87.6	78.1	82.9	-0.4	86.5	76.6	81.6	-0.5	80.1	69.4	74.7	-2.7	76.9	61.1	69.0	+0.2	70.2	52.8	61.5	+0.6
74.9	80.9	-1.7	89.1	76.7	82.9	-0.7	90.6	77.2	83.9	+0.7	89.6	76.1	82.9	-0.2	84.7	69.9	77.3	-3.2	85.0	62.6	73.8	-0.4	79.4	54.6	67.0	-0.3
78.5	86.9	-1.1	90.7	78.0	84.3	+0.1	89.2	77.3	83.3	-0.5	89.3	76.6	82.9	-1.1	88.2	72.0	80.1	-2.3	84.2	60.5	72.3	-3.2	81.7	58.0	69.9	-0.4
80.5	89.0	+1.0	92.4	80.1	86.2	+1.1	87.6	78.5	83.1	-1.3	88.5	78.1	83.3	-1.1	87.1	71.1	79.1	-1.4	80.5	58.5	69.5	-1.8	75.4	53.7	64.6	+1.5
57.2	62.6	+1.7	67.1	58.5	62.8	+0.8	68.1	58.6	63.3	+1.7	66.4	56.5	61.4	+1.1	(a) 61.4	48.0	(a) 55.6	(a) -1.7	...	42.8	...	...	49.4	37.9	43.7	+0.7
83.8	93.9	+1.2	97.4	81.8	89.6	+3.5	83.3	78.0	83.1	-1.1	89.5	77.0	83.3	-1.0	91.1	66.4	78.7	-0.3	83.7	53.5	68.6	-0.7	79.9	51.2	65.5	+3.7
83.4	93.3	+1.8	95.1	80.1	87.6	+1.5	86.5	78.5	82.4	-1.9	91.4	76.7	84.1	-0.1	91.4	65.9	78.6	+0.3	84.6	53.2	68.9	+0.5	78.8	49.8	64.3	+3.3
85.2	94.9	+1.2	99.3	82.9	91.1	+3.5	83.7	*78.6	83.6	-2.2	89.7	...	...	...	96.6	...	...	...	80.3	...	...	...	73.3	(b) 51.8	(b) 61.8	(b) +2.1
86.7	96.7	+2.1	101.7	84.4	93.0	+5.5	90.2	79.6	84.9	-0.4	90.3	76.8	83.6	-1.5	92.0	68.1	80.0	-0.7	84.9	56.9	70.9	+0.3	77.9	53.1	65.5	+3.2
85.1	95.1	+0.7	98.8	81.8	90.3	+4.7	86.8	76.9	81.9	-1.3	88.6	74.8	81.7	-2.1	92.9	66.3	79.6	-1.9	86.1	54.4	70.2	-2.3	81.9	50.9	66.4	+1.1
83.6	92.9	+1.5	95.9	80.2	88.0	+3.1	85.9	76.1	81.0	-0.9	86.9	74.4	80.7	-1.6	90.8	66.7	78.7	+0.7	84.2	53.0	68.7	+0.2	77.7	49.8	63.8	+2.4
77.7	87.6	-1.0	91.3	75.4	83.3	+3.3	81.5	72.5	77.0	-1.3	84.3	70.7	77.5	-1.3	89.9	65.5	77.7	+0.7	83.3	57.3	70.3	+0.3	82.1	55.6	68.8	+4.2
78.6	87.3	-1.3	89.0	76.7	82.9	+2.2	82.7	74.3	78.5	-0.8	84.3	73.3	78.8	-1.1	87.5	63.9	75.7	+0.1	80.7	50.1	65.4	-1.9	79.7	50.0	64.9	+3.1
88.2	99.5	+3.3	105.8	85.7	95.8	+1.5	95.8	81.8	88.8	-3.1	101.0	81.0	91.0	+2.0	92.8	68.8	80.8	+0.3	85.1	58.3	71.7	+2.5	69.7	51.8	60.7	+1.5
83.5	95.2	+1.5	101.3	83.7	92.4	+2.1	95.0	80.6	87.8	-0.5	95.8	76.5	86.2	+0.3?	90.1	63.8	76.9	-0.7	81.8	51.4	66.6	+0.5	70.7	49.5	60.1	+3.3
78.1	93.7	+2.1	110.3	81.3	95.8	+4.9	100.5	79.2	89.8	+1.3	99.5	74.6	87.0	+4.0?	87.1	59.4	73.3	+0.2	76.7	47.7	62.2	+0.5	62.7	44.7	53.7	+0.6
60.2	70.0	+2.7	74.0	61.9	67.9	+2.9	69.3	60.6	64.9	+0.9	69.2	57.3	63.3	+0.3	65.7	47.8	56.8	-2.3	61.4	44.0	52.7	+0.3	55.3	40.9	48.1	+0.7
75.6	86.0	+0.5	89.4	74.9	82.2	+3.3	83.3	71.5	77.4	+0.4	81.5	70.5	76.0	-1.5	89.1	62.8	76.0	+0.1	84.4	52.8	68.6	-0.4	83.4	52.0	67.7	+3.1
82.5	94.4	+3.0	98.7	80.2	89.4	+4.1	89.5	76.4	83.0	+0.5	88.8	74.8	81.8	-1.9	95.4	66.0	80.7	-1.5	92.5	56.7	74.6	-0.5	86.5	54.8	70.6	+1.5
82.5	86.4	-0.3	88.9	80.2	84.5	+0.3	85.8	78.2	82.0	+0.4	86.4	77.2	81.8	+1.1	86.5	73.3	79.9	+0.1	86.2	68.1	77.2	+1.7	78.0	61.5	69.8	+0.9
80.5	84.8	+0.9	84.5	77.8	81.1	0	83.8	77.3	80.5	-0.1	84.0	76.6	80.3	-0.4	89.2	77.3	83.3	+1.0	87.6	73.1	80.3	0	85.4	70.7	78.0	+0.7
68.3	75.4	+0.8	77.9	67.6	72.7	+1.4	75.3	66.4	70.8	-0.5	77.3	64.7	71.0	-1.1	83.7	65.2	74.4	+0.3	80.5	59.1	69.8	-1.9	81.7	56.5	69.1	-0.9
78.9	88.0	-1.1	89.3	76.0	82.6	+1.1	87.1	75.2	81.1	+0.4	87.1	73.7	80.4	-1.0	92.2	67.2	79.7	+0.5	85.6	56.0	70.8	-1.7	84.5	53.8	69.2	+1.1
75.7	85.6	+0.3	91.3	75.0	83.1	+0.1	92.0	74.4	82.2	+0.9	92.2	73.3	82.8	+1.0	88.8	70.0	79.4	-1.3	85.1	64.1	74.6	-1.9	85.4	61.0	73.2	-0.4
67.2	76.3	+0.4	82.7	66.8	74.7	+0.8	82.6	66.1	74.3	+0.5	81.1	65.1	73.1	-0.5	82.2	64.9	73.5	+0.1	80.2	60.0	70.1	-0.7	79.9	56.9	68.4	-0.1
82.2	91.5	+1.5	93.4	77.9	85.6	-1.7	93.6	77.6	85.6	-0.1	93.3	77.3	85.3	+0.3	86.3	75.0	80.7	-1.5	85.0	69.8	77.4	-1.3	84.3	69.2	76.7	+0.3
76.2	81.3	-0.1	85.8	76.5	81.2	+0.6	85.2	76.0	80.5	+0.1	85.1	76.4	80.7	-0.1	88.8	76.5	82.7	+1.0	87.1	72.3	79.7	-0.3	87.2	67.1	77.1	-0.1
76.8	81.1	-0.7	86.0	76.5	81.2	+0.3	83.4	75.4	79.4	-1.5	86.3	76.8	81.6	-0.5	84.5	74.3	79.4	-2.7	82.1	68.3	75.2	-2.7	78.1	60.6	69.4	-2.9

* Mean of 12 days.
(a) " 16 "
(b) " 10 "

C.—Births.

Province.	Population under registration.	RATIO OF BIRTHS PER 1,000 OF POPULATION.			Number of males born to every 100 females.	Excess of births over deaths per 1,000 of population.	Excess of deaths over births per 1,000 of population.
		Maximum for any one district.	Minimum for any one district.	Mean for the province.			
hi	500,539	...	...	40·55	108	9·30	...
gal	46,522,293	39·2	19·1	28·0	107	...	21
ar and Orissa	34,002,189	40·7	26·9	34·6	106	1·8	...
an	6,854,367	33·58	24·16	29·63	107	3·15	...
ited Provinces of Agra and Oudh	45,375,787	48·88	20·70	34·39	110·68	...	5·18
ujab	20,517,606	47·5	20·0	41·5	111·4	11·4	...
th-West Frontier Province	2,135,573	33·5	24·9	27·3	125·8	...	4·3
tral Provinces and Berar	13,912,760	46·02	24·96	37·90	105·47	...	0·11
dras Presidency	42,759,827	37·4	11·7	27·0	104·7	6·8	...
rg	163,838	29·12	26·13	27·43	104·83	...	1·18
abay Presidency	19,165,614	42·68	16·11	32·59	108·99	6·59	...
ma ... {	6,751,951	37·26	18·29	26·90	106	5	...
	4,019,249	42·12	26·96	34·82	104	14	...
er-Merwara	495,271	39·29	28·63	31·13	114·62	2·72	...

D.—Deaths.

Province.	Population under registration.	Area in square miles.	Average population per square mile.	RATIO OF DEATHS PER 1,000 OF POPULATION.			DEATH RATE BY SEX.	
				Maximum for any one district.	Minimum for any one district.	Mean for the province.	Male.	Female.
hi	500,539	*7·92	*28,469	...	...	31·24	27·27	35·74
gal	46,522,293	71,705	648	43·1	17·3	30·1	30·6	29·7
ar and Orissa	34,002,189	83,180	409	53·5	21·6	32·8	34·8	30·7
am	6,854,367	31,845	215	34·02	20·08	26·48	26·98	25·93
ited Provinces of Agra and Oudh	45,375,787	107,167	423	71·39	21·36	39·57	40·03	39·06
ujab	20,517,606	97,280	211	56·5	16·6	30·1	29·7	30·6
th-West Frontier Province	2,135,573	13,215	168	42·8	21·7	31·6	32·5	30·5
tral Provinces and Berar	13,912,760	99,823	160	62·53	32·06	44·01	46·02	42·01
dras Presidency	41,002,696	126,240	325	38·6	9·1	20·2	20·7	19·6
rg	163,838	1,582	104	34·91	23·99	28·56	27·97	29·27
mbay Presidency	191,65,614	122,578	156	46·25	12·06	26·00	26·26	25·72
ma ... {	6,751,941	69,606	97	35·28	18·63	22·06	22·64	21·41
	4,019,249	40,542	99	32·99	15·09	20·43	21·38	19·54
mer-Merwara	495,271	2,711	183	28·88	26·91	28·41	27·79	29·16

*Delhi Municipal town only.

E.—Total number of deaths by months.

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	RATE PER 1,000 POPULATION		
														1921.	20.	
Delhi ...	1,629	1,023	1,111	1,300	1,445	1,457	879	1,068	2,110	1,466	1,174	979	15,641	31·24	54	
Bengal ...	155,679	124,001	151,833	126,189	116,162	77,560	71,670	89,112	86,777	116,823	151,837	135,387	1,403,030	30·1	7	
Bihar and Orissa	79,034	71,076	104,373	100,708	94,801	86,050	101,038	135,577	97,509	89,543	87,749	68,965	1,116,423	32·8	9	
Assam ...	14,448	12,625	14,048	15,056	18,202	16,015	13,824	13,305	13,342	16,629	17,826	16,193	181,513	26·48	98	
United Provinces of Agra and Oudh.	140,630	108,063	117,882	132,514	144,069	151,323	122,767	158,705	164,566	206,034	190,545	158,347	1,795,445	39·57	23	
Punjab ...	53,312	46,118	48,642	47,963	53,293	49,652	38,081	41,074	69,081	68,242	56,821	45,958	618,237	30·13	56	
North-West Frontier Province.	5,703	4,678	4,690	4,102	3,673	5,082	5,194	5,185	7,068	8,456	7,494	6,133	67,458	31·59	37	
Central Provinces and Berar.	39,670	35,944	42,363	45,795	55,867	62,543	45,900	70,282	65,653	56,965	50,999	40,341	612,322	44·01	11	
Madras Presidency.	73,722	67,680	68,510	61,640	73,852	61,456	66,913	76,936	70,289	63,203	68,400	74,296	826,397	20·2	8	
Coorg ...	402	264	336	347	440	485	405	470	342	407	370	411	4,679	28·55	80	
Bombay Presidency.	48,837	46,391	51,469	46,103	37,160	28,503	32,009	42,298	41,769	40,545	41,850	41,416	498,350	20·00	65	
Burma {	Lower	13,122	11,637	11,341	11,810	11,826	12,246	14,621	15,055	12,998	11,580	11,322	11,366	148,924	22·06	74
	Upper	7,230	6,268	6,988	6,893	6,445	6,146	7,208	6,984	6,636	6,372	6,749	8,211	82,120	20·43	59
Ajmer-Merwara	1,887	1,483	1,555	1,429	1,029	742	645	933	1,300	1,205	896	969	14,073	23·41	71	
TOTAL ...	635,295	537,251	625,141	601,849	618,264	559,260	521,154	656,984	639,440	687,470	694,032	608,972	7,385,112	30·59	84	

F.—Ratio of deaths from all causes according to months.

Province.				ANNUAL* DEATH RATE PER MILE FOR THE MONTH OF												Ratio for the year.	
				January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		
Delhi	38·32	26·64	26·13	31·60	33·99	35·42	20·67	25·12	51·29	34·47	28·54	23·02	31·
Bengal	39·40	34·75	38·43	33·04	29·40	20·31	18·14	22·55	22·72	29·57	39·76	34·27	30·
Bihar and Orissa	27·37	27·25	36·15	33·04	32·83	30·79	34·99	46·95	34·90	31·01	31·40	23·88	32·
Assam	24·82	24·01	24·13	26·72	31·27	28·42	23·75	22·86	23·68	28·57	31·64	27·82	26·
United Provinces of Agra and Oudh	36·49	31·04	30·58	35·53	37·38	40·57	31·85	41·18	44·13	53·46	51·09	41·09	39·
Punjab	30·59	29·30	27·91	28·44	30·58	29·44	21·85	23·57	40·96	39·16	33·69	26·37	30·
North-West Frontier Province	31·44	28·55	25·86	23·37	20·25	28·95	28·64	28·59	40·27	46·62	42·69	33·81	31·
Central Provinces and Berar	33·57	33·68	35·85	40·05	47·28	54·69	38·84	59·48	57·41	48·21	44·60	34·14	44·
Madras Presidency	21·17	21·52	19·67	18·29	21·21	18·24	19·21	22·09	20·86	18·15	20·30	21·33	20·
Coorg	28·89	21·01	24·15	25·77	31·62	36·02	29·11	33·78	25·40	29·25	27·48	29·54	28·
Bombay Presidency	30·00	31·55	31·62	29·27	22·83	18·09	19·66	25·99	26·52	24·91	26·57	25·44	26·
Burma	...	Lower	...	...	22·88	22·47	19·78	21·28	20·62	22·07	25·50	26·25	23·42	20·19	20·40	19·82	22·
		Upper	...	...	21·15	20·33	20·47	20·84	18·88	18·60	21·12	20·46	20·09	18·67	20·43	24·05	20·
Ajmer-Merwara	44·86	39·03	36·97	35·10	24·46	18·23	15·33	22·18	31·94	28·65	22·01	23·04	25·
INDIA				...	30·98	29·01	30·49	30·33	30·15	28·18	25·42	32·04	32·23	33·53	34·98	29·70	30·

* The ratios in the Statement have been calculated with reference to the number of days in each month.

G.—Deaths according to age.

Province.	RATIO PER 1,000 OF POPULATION.																			
	UNDER ONE YEAR.		1—5 YEARS.		5—10 YEARS.		10—15 YEARS.		15—20 YEARS.		20—30 YEARS.		30—40 YEARS.		40—50 YEARS.		50—60 YEARS.		60 YEARS AND UPWARDS.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
...	225·61	203·09	Not available.				Not available.				Not available.				Not available.					
...	211·4	200·5	40·4	36·9	17·0	14·5	12·6	11·9	17·5	20·0	19·1	21·9	22·7	23·2	28·8	26·6	43·8	39·7	84·6	74·8
and	209·1	173·7	67·7	59·8	19·4	16·8	14·2	12·0	15·7	14·3	20·5	17·6	23·9	19·8	29·8	22·7	48·7	42·4	93·6	73·9
...	207·78	168·82	33·15	30·09	13·81	12·25	11·51	11·21	15·91	18·07	16·73	20·15	19·74	22·73	25·74	23·55	36·57	33·29	65·98	57·97
Pro- of and	276·11	254·90	82·77	77·11	19·90	18·83	13·09	12·92	14·15	16·51	18·24	19·85	23·04	20·03	33·08	28·27	55·97	49·29	107·31	89·14
...	206·9	184·7	52·3	51·0	10·7	10·7	9·2	10·6	11·2	13·5	12·9	15·0	15·3	17·7	21·9	20·7	31·6	29·2	73·4	74·8
West ier oce.	189·2	155·8	54·1	49·0	16·4	15·6	14·8	15·1	19·9	20·2	16·6	16·8	22·4	22·6	31·0	25·6	45·5	38·5	70·4	64·3
Pro- and	429·29	349·87	94·53	80·36	21·28	18·29	13·81	12·79	18·71	20·15	21·86	21·81	25·23	22·41	31·48	25·02	47·67	42·44	105·67	95·89
Presi-	181·2	151·2	30·3	28·4	8·6	8·2	5·9	6·1	8·2	10·7	9·2	10·2	10·7	10·8	16·2	13·2	25·9	21·9	66·7	66·3
...	257·29	234·05	35·52	36·17	11·72	12·37	9·03	6·39	16·21	17·81	18·30	22·81	24·48	24·02	26·26	28·89	44·22	39·23	58·16	45·63
Presi-	209·76	180·29	48·56	45·52	8·78	9·30	6·43	7·46	1·26	12·55	13·25	14·39	15·27	15·65	22·48	16·93	36·30	27·52	83·35	78·16
Lower	223·95	181·49	23·27	26·49	10·38	10·15	7·80	7·60	11·28	9·85	12·45	12·85	16·48	16·74	20·99	18·60	30·62	25·54	61·21	64·82
Upper	243·92	187·20	28·32	26·70	6·93	6·67	4·79	4·38	7·22	7·11	8·92	9·75	11·08	11·84	14·71	12·41	20·25	16·99	57·87	53·14
war.	257·23	255·43	62·77	58·80	9·37	8·95	6·50	8·01	8·69	13·91	12·20	16·05	15·41	15·85	19·35	17·68	36·48	28·53	79·80	67·77
	205·16*	190·14*	54·11	49·61	15·25	13·81	10·84	10·34	13·60	15·36	16·16	17·15	19·44	19·02	26·28	22·02	41·13	35·87	84·49	76·59

* Calculated on the number of births during 1921.

H.—Deaths in Towns and Rural Circles compared.

Province.	NUMBER OF REGISTRATION CIRCLES.			POPULATION.			RATIO OF DEATHS PER 1,000 OF POPULATION.		
	Rural.	Town.	Total.	Rural.	Town.	Total.	Rural.	Town.	Total.
...	13	1	14	236,246	264,293	500,539	26·30	35·67	31·24
...	382	117	499	43,431,787	3,090,506	46,522,293	30·5	25·8	30·1
d Orissa	242	57	299	32,830,652	1,171,537	34,002,189	32·8	31·7	32·8
...	95	22	117	6,708,272	146,095	6,854,367	26·53	23·85	26·48
Provinces of Agra udh.	1,094	87	1,181	42,401,813	2,973,974	45,375,787	39·05	46·97	39·57
...	416	154	570	18,478,134	2,039,472	20,517,606	29·76	33·46	30·13
West Frontier Pro-	66	13	79	1,923,148	212,425	2,135,573	31·56	31·78	31·59
Provinces and Berar	409	104	513	12,580,239	1,332,521	13,912,760	43·52	48·69	44·01
Presidency	231	297	528	35,821,527	5,181,169	41,002,696	19·5	24·9	20·2
...	7	2	9	154,997	8,841	163,838	27·70	43·66	28·56
Presidency	251	113	364	15,437,218	3,728,396	19,165,614	23·89	34·84	26·00
Lower	218	41	259	5,889,824	862,117	6,751,941	20·09	35·51	22·06
Upper	122	22	144	3,668,467	350,782	4,019,249	18·97	35·67	20·43
erwara	Not	available.	23	Not	available.	495,271	Not	available.	28·41

I.—Deaths from Cholera in the different provinces in India from 1890 to 1921.

YEAR.	Delh.	* Bengal.	Bihar and Orissa.	Assam.	United Provinces of Agra and Oudh.	Punjab.	(a) N.-W. Frontier Province.	Central Provinces.	Berar.	Madras.	Coorg.	Bombay.	Lower Burma.	Upper Burma.	Ajmer-Merwara.	Rajputana.	Central India.	Hyderabad (cantonment stations).	Mysore.
1890	...	145,896	...	15,396	80,295	3,401	...	4,787	847	35,288	5	3,259	1,076	...	408	2,746	3,132	...	1,326
1891	...	229,575	...	23,882	169,013	10,107	...	21,312	7,958	98,773	7	17,850	2,400	...	532	2,946	13,474	3,102	1,204
1892	...	259,398	...	21,552	165,886	75,959	...	39,972	2,030	79,033	58	42,900	6,208	...	2,352	26,760	8,384	53	5,497
1893	...	126,976	...	21,849	12,154	639	...	557	1,188	32,209	9	18,853	2,393	...	3	314	127	165	680
1894	...	236,150	...	13,497	178,079	113	...	7,043	3,452	24,280	3	33,588	7,438	...	...	2	5,210	1,862	328
1895	...	177,087	...	18,962	51,562	549	...	15,506	11,919	21,172	...	8,890	5,150	...	289	1,049	6,043	467	2,334
1896	...	226,824	...	17,042	69,147	5,146	...	52,985	12,264	47,847	49	35,404	2,959	...	12	3,797	15,766	525	2,100
1897	...	196,247	...	33,240	44,208	622	...	57,131	10,122	143,455	106	57,109	8,538	...	19	1,496	13,202	1,039	4,248
1898	...	65,020	...	11,149	2,508	333	...	7	...	65,444	8	4,368	2,972	...	1	6	2	6	1,593
1899	...	107,678	...	8,380	8,142	1,816	...	176	541	29,082	...	8,579	4,942	2,050	1	498	...	...	123
1900	...	345,878	...	23,761	84,960	28,260	...	63,114	18,375	60,664	...	163,889	3,440	41	4,842	28,719	20,450	3,813	779
1901	...	110,753	...	7,468	53,995	180	117	49	17	81,370	58	13,600	3,552	†	50	6	72	1	11,351
1902	...	50,971	...	12,658	25,160	371	...	28	16	29,769	...	3,230	1,844	57	32	1,519	12	...	218
1903	...	203,405	...	8,360	47,159	14,688	1,354	437	...	27,393	...	1,825	5,345	2,887	...	236	1,110	...	99
1904	...	137,701	...	5,588	6,617	716	1	2,967	...	23,109	...	13,156	2,472	508	...	1	150	...	471
1905	...	146,339	...	**142,312	121,790	2,197	300	1,217	...	16,888	...	5,306	3,511	1,836	...	3	27	64	628
1906	...	192,596	...	108,278	149,549	4,232	...	38,768	...	142,811	10	46,119	5,529	2,343	284	4,714	10,147	1,061	7,223
1907	...	205,702	...	77,181	22,438	437	266	4,291	...	81,565	187	7,656	7,964	414	1	64	41	1	4,972
1908	...	298,908	...	59,329	83,544	12,297	2,845	9,048	...	141,970	114	1,759	19,336	2,575	...	737	1,730	937	2,149
1909	...	56,711	...	71,737	21,823	1,513	134	7,687	...	39,424	99	28,714	4,041	7,348	...	403	1,421	164	1,629
1910	...	162,611	...	117,969	102,402	2,131	1,605	5,316	...	32,594	56	3,694	1,634	177	...	8	2,864	2	1,812
1911	...	124,560	...	39,248	117,689	1,260	12	2,998	...	58,174	6	5,817	2,595	1,596	50	85	1,054	803	210
1912	406	95,467	...	(b) 14,303	18,894	1,833	1,320	34,313	...	92,497	...	64,505	6,013	1,173	13	414	9,080	1,190	6,748
1913	37	78,898	77,023	16,407	60,427	5,811	175	15,286	...	37,750	193	5,134	3,704	635	...	4,085	2,823	1,322 (c)	8,062
1914	12	89,224	70,379	9,270	32,498	6,656	2,300	20,345	...	68,449	...	17,779	2,042	31	9	1,627	10,075	5,893 (c)	849
1915	92	130,679	88,349	26,979	90,508	13,196	932	5,662	...	30,098	...	377	8,209	9,368	3	1,981	795	2,072 (c)	178
1916	69	70,836	90,582	13,094	33,300	1,651	194	39,205	...	16,735	1	19,841	1,467	206	861	5,075	5,474 (c)	1,475 (c)	137
1917	12	45,021	109,620	10,953	21,440	1,365	...	691	...	58,939	32	17,013	1,886	28	12	69	589	2,579 (c)	7,288
1918	3	82,379	205,584	14,077	119,746	257	31	3,351	...	122,263	1	8,834	3,713	556	7	3	485	7,200 (c)	3,153
1919	66	124,949	104,727	33,080	81,365	8,551	4,400	62,089	...	93,262	157	51,551	9,327	3,933	59	842	9,309	13,321 (c)	2,306
1920	7	54,189	26,341	2,421	6,952	136	2	3,491	...	31,139	6	2,047	2,634	762	1	508	278	57 (c)	220
1921	636	80,547	90,688	12,829	149,667	19,215	4,285	58,331	...	27,064	...	3,521	3,435	356	35	2,750	5,079	1,381 (c)	26

J.—Deaths from Cholera in British Provinces, by months, during the year 1921.

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	RATIO PER 1,000 OF POPULATION.	
														1921.	1920.
...	...	...	...	2	54	174	78	49	262	16	...	...	635	1·26	·01
...	10,335	6,622	7,839	9,811	4,767	2,180	1,681	1,606	1,556	8,661	16,383	9,106	60,547	1·7	1·3
nd Orissa	1,120	746	997	1,693	4,276	7,548	26,710	38,568	6,724	1,610	526	170	90,688	2·6	·7
...	79	167	388	1,079	2,252	837	277	415	799	2,310	2,393	1,843	12,820	1·87	·40
Provinces of Agra and Oudh	31	44	500	5,053	12,849	12,530	17,858	53,872	27,578	14,181	3,426	1,742	149,667	3·30	·15
...	...	...	...	67	1,501	3,371	2,612	3,395	7,279	875	59	56	19,215	0·94	·
West Frontier Province	...	...	...	1	95	1,006	871	941	1,002	348	21	...	4,255	2·01	·001
Provinces and Berar	4	398	2,278	3,564	6,657	20,788	10,517	11,431	2,399	258	29	8	58,331	4·19	·25
Presidency	1,210	3,041	2,738	1,188	1,417	3,223	3,711	5,938	1,979	505	473	741	27,064	0·7	·8
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	·03
Presidency	12	1	3	4	51	139	420	1,815	680	307	71	18	3,521	·18	·10
{ Lower ...	273	237	257	495	673	321	245	287	196	145	169	132	3,435	·51	·43
{ Upper ...	6	8	8	3	2	76	146	12	30	29	21	15	356	·09	·20
Merwara	...	1	...	1	5	3	...	6	19	...	...	...	35	·07	0·02
Total	13,078	12,155	15,008	22,961	34,599	52,196	65,126	118,335	50,503	29,245	23,571	13,831	450,608	1·87	·55

K.—Details of the distribution and occurrence of Cholera during the year 1921.

Province.	Mortality in 1921.	Mean morta- lity of previous 5 years.	Urban mor- tality.	Rural mortality.	Percentage of villages attacked.	Maximum mortality in any one dis- trict exclud- ing towns.	Maximum mortality in any one town.	Month of maximum mortality.
...	1·26	·7	1·18	1·37	9·27	...	...	September.
...	1·7	1·6	2·1	1·7	Not available	3·7	15·7	November.
nd Orissa	2·6	3·1	3·0	2·6	10·96	13·0	13·7	August.
...	1·87	2·46	1·34	1·88	10·14	2·97	7·42	November.
Provinces of Agra and Oudh	3·30	1·12	2·61	3·35	8·63	16·17	17·08	August.
...	0·94	0·12	1·62	0·86	4·52	7·49	34·20	September.
West Frontier Province	2·01	0·43	1·85	2·02	20·44	3·62	12·73	June.
l Provinces and Berar	4·19	1·56	4·34	4·18	12·04	21·54	24·81	June.
s Presidency	0·7	1·6	0·7	0·7	7·89	3·3	6·6	August.
...	...	0·23	...	...	...	...	...	...
y Presidency	·18	1·01	·31	·16	1·68	·86	10·93	August.
{ Lower	·51	·62	·94	·45	3·32	4·43	8·64	May.
{ Upper	·09	·29	·09	·09	7·24	·70	·81	July.
Merwara	·07	·05	...	...	·08	...	...	September.

L.—Small-pox mortality—1921.

Provinces, Districts, Towns.	Delhi.	Bengal.	Bihar and Orissa.	Assam.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Madras Presidency.	Coorg.	Bombay Presidency.	Lower Burma.	Upper Burma.	Ajmer-Merwara.
I.—Mortality by Provinces :—														
A.—Deaths by months—														
January	1	874	1,249	292	175	543	103	175	991	2	191	65	16	185
February	1	1,220	986	201	132	513	56	292	836	2	194	73	25	151
March	6	1,790	1,398	552	191	494	76	284	1,031	2	376	102	55	185
April	2	1,378	1,273	445	227	636	84	293	995	...	294	94	112	124
May	4	1,082	1,029	409	204	781	86	305	838	...	212	32	112	51
June	3	551	718	236	215	591	81	210	692	...	158	32	75	22
July	2	301	439	188	128	369	58	110	829	...	107	29	50	4
August	1	206	326	196	77	212	16	63	717	...	75	10	23	1
September ... ..	...	143	143	70	26	114	5	25	660	...	27	13	31	1
October	2	130	61	28	35	71	...	11	622	...	17	5	10	...
November ... ..	...	230	94	85	16	90	6	8	635	...	34	1	2	...
December... ..	...	252	115	72	13	156	2	8	896	...	86	16	4	...
Total	22	8,157	7,836	2,774	1,439	4,575	576	1,787	9,792	6	1,771	472	515	724
B.—Annual death ratios :—														
Ratio per 1,000 of population, 1921	·04	·2	·2	·40	·03	·22	·27	·13	·2	·04	·09	·07	·13	1·46
Ratio per 1,000 of population, 1920	·04	·8	·6	·28	·13	·43	1·00	·16	·3	·62	·18	·33	·22	·85
Difference ... ..	...	—·6	—·4	+·12	—·10	—·26	—·73	—·03	—·1	—·58	—·09	—·26	—·09	+·81
Mean ratio per 1,000 during 1916-1920.	·15	·4	·3	·43	·10	·31	·33	·18	·8	1·50	·24	·18	·18	·98
Difference	—·11	—·2	—·1	—·03	—·07	—·09	—·06	—·05	—·6	—1·46	—·15	—·11	—·05	+·48
II.—District Mortality excluding Towns :—														
Number of districts affected ...		25	20	8	42	28	5	20	24	2	25	15	11	2
Highest district ratio ...		·6	·9	2·43	·21	1·26	1·09	·91	·6	·13	·54	·38	·32	2
Name of that district ...	Not available.	Murshidabad	Palamau	Darrang	Partabgarh	Shahpur	Bannu	Mandla	Kurnool	Kigget-nad.	Kanara	Thaton.	Minbu.	Darrang
Lowest district ratio ...		·009	·02	·004	·01	·004	·07	·01	·1	·03	·002	·01	·01	·0
Name of that district ...	Not available.	Bankura.	Manbhum.	Cachar	Mainpurie	Gurgaon	Peshawar.	Chhindwara.	Madura.	Nanja-rajpatna	Sholapur.	Mergui.	Pakokku.	Sholapur
Number of districts without mortality.		1	1	...	6	1	...	2	...	2	2	3	1	...
District death rate per 1,000 of population.		·2	·2	·41	·03	·21	·23	·12	·2	·04	·07	·06	·09	·16
III.—Town Mortality :—														
Number of towns affected ...		·51	36	3	38	77	8	25	122	...	34	13	7	...
Highest town ratio ...		1·4	1·1	·27	·74	2·96	1·07	2·64	5·9	...	1·43	3·07	1·87	...
Name of that town ...	Not available.	Jamalpur.	Barh.	Gola ghat.	Rai Bareli.	Multan	Lakki (Notified area.)	Marwara.	Razampeta	...	Umar-kot.	Kyaikto.	Allanmyo.	Razampeta
Lowest town ratio ...		·02	·03	·06	·01	·06	·01	·05	·01	...	·02	·05	·05	Meerut.
Name of that town ...	Not available.	Burdwan	Ranchi	Gauhati	Meerut	Amritsar	Peshawar	Kamptee Cantt.	Trichinopoly.	...	Sukkur	Rangoon.	Myingyan.	Meerut.
Number of towns without mortality.		66	21	19	49	77	5	79	175	2	79	28	15	...
Town death rate per 1,000 of population.		·1	·2	·02	·08	·32	·16	·18	·2	...	·20	·14	·52	·20
IV.—Infantile Mortality :—														
Children under one year ...	Not available.	705	892	338	435	1,274	130	486	3,539	...	363	39	36	8,231
Children 1 to 10 years ...		1,437	1,386	464	689	2,132	329	758	3,331	...	655	99	103	11,411
Percentage of children in total small-pox mortality.		26·26	29·07	28·91	78·11	74·45	79·69	69·61	70·47	...	57·48	29·24	27·00	49·50

*Excluding Delhi and Ajmer-Merwara.

M.—Fever mortality—1921.

Provinces, Districts, Towns.	Delhi.	Bengal.	Bihar and Orissa.	Assam.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Madras Presidency.	Coorg.	Bombay Presidency.	Lower Burma.	Upper Burma.	Ajmer-Merwara.	Registration India.
Mortality by Provinces :—															
Deaths by months :—															
January ...	830	118,882	54,487	8,749	114,849	36,509	4,675	22,791	24,356	304	22,771	5,255	2,387	1,282	418,136
February ...	526	94,523	49,448	7,472	85,068	31,833	4,051	20,122	21,564	189	22,334	4,290	2,109	1,039	344,568
March ...	624	116,896	76,345	8,258	90,269	33,827	3,989	23,571	25,282	244	25,306	4,346	2,502	1,022	412,481
April ...	736	95,055	76,452	9,111	104,450	34,220	3,242	26,350	24,761	280	22,696	4,537	2,535	877	405,332
May ...	877	91,270	70,445	11,056	111,640	37,761	2,882	29,872	32,238	338	16,996	4,454	2,049	680	412,558
June ...	782	60,357	61,033	10,469	119,745	33,323	3,251	24,697	23,333	409	12,173	4,508	1,892	516	356,491
July ...	440	54,934	53,703	9,007	86,349	23,987	3,523	18,624	25,060	332	12,594	5,506	2,106	461	296,626
August ...	480	69,899	70,693	8,449	81,947	24,095	3,465	33,145	28,637	366	16,613	5,782	2,146	640	346,357
September ...	967	67,909	68,250	8,134	110,845	43,692	5,260	36,869	28,992	265	17,470	4,672	2,131	935	396,391
October ...	820	87,616	68,153	8,894	162,679	49,257	7,228	35,213	25,984	304	17,741	4,152	1,982	935	470,963
November ...	656	110,836	68,797	9,384	160,098	41,866	6,763	32,093	26,636	289	20,116	3,984	2,308	671	484,497
December ...	501	102,191	52,030	8,643	133,981	32,789	5,504	24,583	29,176	295	19,290	4,344	2,764	746	416,837
Total ...	8,248	1,070,368	739,871	107,626	1,361,920	423,162	53,833	327,930	316,019	3,615	226,100	55,930	26,911	9,804	4,761,237
Annual death ratios :—															
per 1,000 of population, 1921.	16.47	23.0	22.6	15.70	30.01	20.62	25.21	23.57	7.7	22.06	11.80	8.27	6.70	19.79	19.72
per 1,000 of population, 1920.	20.03	25.2	22.0	18.57	30.82	19.21	17.92	24.88	8.1	35.94	13.58	10.21	10.26	18.77	20.68
Difference ...	-3.56	-2.2	+1.6	-2.87	-0.81	+1.41	+7.29	-1.31	-0.4	-13.88	-1.78	-1.94	-3.56	+1.02	-0.96
Ratio for 1921 per 1,000 during 1920.	29.53	23.7	27.2	20.43	36.31	28.37	29.45	32.75	11.2	23.78	24.36	11.96	10.95	45.38	25.30
Difference ...	-13.66	-7	-4.6	-4.73	-6.30	-7.75	-4.24	-9.18	-3.5	-1.72	-12.56	-3.69	-4.25	-25.69	-5.68
District Mortality excluding ...															
Number of districts affected ...	Not available.	26	21	8	48	29	5	22	24	4	27	18	12	Not available.	244
Best district ratio ...	Not available.	36.8	37.5	28.38	64.63	33.03	36.66	36.12	26.7	26.74	19.46	16.61	12.41	Not available.	64.63
Ratio of that district ...	Not available.	Rajshahi	Shahabad.	Goalpara.	Moradabad.	Kangra	Kohat	Lrug	Ganjam Agency.	Nanjajpatana	Thana.	Tavoy.	Mandalay.	Not available.	Moradabad.
Best district ratio ...	Not available.	13.1	12.0	8.92	16.56	13.61	18.58	8.27	3.1	20.17	6.10	3.95	3.00	Not available.	3.00
Ratio of that district ...	Not available.	Tippera	Puri	Lakhimpur.	Gorakhpur.	Sheikhpura.	Peshawar.	Akola.	Coimbatore.	Kigatnad.	Belgaum.	Maubin.	Myingyan.	Not available.	Myingyan.
Number of districts without mortality.	Not available.	...	...	...	...	...	...	...	...	...	...	...	...	Not available.	...
Best death rate per 1,000 of population.	Not available.	24.1	22.8	15.90	30.48	21.09	26.06	24.23	8.1	23.00	12.48	8.82	6.79	Not available.	20.53*
Town Mortality :—															
Number of towns affected ...	Not available.	117	57	22	87	154	13	101	294	2	113	41	22	Not available.	1,026
Best town ratio ...	Not available.	34.2	30.7	18.33	61.15	50.23	53.14	49.00	29.9	7.75	27.86	15.98	14.25	Not available.	61.15
Ratio of that town ...	Not available.	Murshidabad.	Gaya.	Gola-ghat.	Bulandshahr.	Daud.	Buffa. (Notified Area).	Bhatapara.	Srungavarapukota.	Mercara	Barsi.	Wakema	Myitnge	Not available.	Bulandshahr.
Best town ratio ...	Not available.	2.0	5.5	2.60	2.24	1.13	9.84	2.30	1	1.89	7.79	2.18	2.93	Not available.	3
Ratio of that town ...	Not available.	Suri	Katihar.	Sylhet.	Gaura Barhaj.	Okara.	Bannu.	Chikhli.	Vaniyam-badi.	Virajpet.	Deolali Cantt.	Rangoon.	Yame-thin.	Not available.	Vaniyam-badi.
Number of towns without mortality.	Not available.	...	...	...	...	...	...	...	3	...	...	...	...	Not available.	3
Best death rate per 1,000 of population.	Not available.	7.8	16.4	6.53	23.43	16.38	17.44	17.35	5.2	5.66	8.96	4.51	5.75	Not available.	11.36*

* Excluding Delhi and Ajmer-Merwara.

N.—Dysentery and Diarrhœa mortality—1921.

Provinces, Districts, Towns.	Delhi.	Bengal.	Bihar and Orissa.	Assam.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Madras Presidency.	Coorg.	Bombay Presidency.	Lower Burma.	Upper Burma.	Ajmer-Merwara.	
I.—Mortality by Provinces :—															
A.—Deaths by months—															
January	18	2,568	2,495	740	862	488	20	2,096	5,112	12	1,858	581	64	7	22
February	15	2,125	2,135	650	670	433	11	1,935	4,431	7	1,599	614	78	6	71
March	22	2,358	2,408	686	844	528	19	2,305	4,288	8	1,837	554	76	13	94
April	45	1,845	2,063	725	1,267	625	25	2,293	3,795	8	1,750	675	102	43	26
May	21	1,876	2,287	964	1,652	852	39	2,811	4,337	15	1,714	825	198	32	82
June	22	1,469	1,878	1,129	1,430	735	32	3,005	4,086	8	1,509	730	176	12	31
July	16	1,617	2,639	1,079	1,386	684	42	4,343	4,805	10	2,618	1,076	263	15	59
August	61	2,118	4,304	1,096	2,239	1,069	51	8,115	6,054	15	4,000	980	197	46	34
September	126	2,012	3,116	977	2,339	2,314	78	7,238	4,893	13	3,604	708	165	48	63
October	67	2,157	2,234	1,229	1,907	1,933	86	4,239	3,645	11	2,669	502	86	33	79
November	43	2,510	1,601	1,247	1,567	1,353	54	2,871	3,796	7	1,898	435	99	25	51
December	27	2,603	1,465	1,020	1,133	802	37	2,145	4,379	5	1,743	439	105	14	92
TOTAL	433	25,258	28,625	11,542	17,301	11,826	494	43,486	53,621	119	26,799	8,119	1,609	294	567
B.—Annual death ratios :—															
Ratio per 1,000 of population, 1921.	·96	·5	·8	1·68	·39	·58	·23	3·13	1·3	·73	1·40	1·20	·40	·59	·98
Ratio per 1,000 of population, 1920.	·85	·5	·8	1·84	·34	·47	·11	2·18	1·4	1·61	1·53	1·32	·48	·61	·92
Difference	+·11	...	...	—·16	+·04	+·11	+·12	+·95	—·1	—·88	—·13	—·12	—·08	—·02	—·06
Mean ratio per 1,000 during 1916-20.	1·01	·6	1·0	2·36	·40	·58	·15	2·77	1·7	·90	1·75	1·34	·62	1·14	·08
Difference	—·05	—·1	—·2	—·68	—·02	...	+·08	+·38	—·4	—·17	—·35	—·14	—·22	—·55	—·14
II.—District Mortality excluding Towns :—															
Number of districts affected ...		26	21	8	48	29	5	22	24	4	27	18	12		24
Highest district ratio ...		3·8	5·3	3·11	5·86	4·88	·32	9·15	4·5	·62	4·55	2·28	·82		9·1
Name of that district ...		Howrah.	Puri.	Lakhimpur.	Garhwal.	Rawalpindi.	Dera Ismail Khan.	Akola	Nilgiris.	Nanjajpatana.	Ahmednagar.	Myaungmya.	Sagaing		Ala.
Lowest district ratio ...		·01	·01	·28	·01	·01	·02	·59	·3	·22	·02	·15	·02		·0
Name of that district ...		Malda.	Champaram.	Goalpara.	Jaunpur.	Montgomery.	Bannu.	Bhandara.	Nellore.	Padi-Yedeknatknad.	Nawabshah.	Toungoo.	Mandalay.		Meghalaya.
Number of districts without mortality.		...	...	...	...	...	...	...	...	...	...	...	...		...
District death rate per 1,000 of population.		·4	·8	1·63	·18	·46	·15	3·06	1·1	·44	1·18	·96	·28		·7
III.—Town Mortality :—															
Number of towns affected ...		116	49	21	85	133	13	104	267	2	103	41	22		95
Highest town ratio ...		8·7	8·5	7·74	11·50	16·20	5·70	20·71	9·1	10·74	6·27	9·19	3·89		0·71
Name of that town ...		Baranagar.	Puri.	Dibrugarh.	Hathras.	Kangra	Kulachi.	Sheogaon.	Vizagapatam.	Virajpet	Pandharpur.	Mawlamyainggyun.	Yenangyaung.		Shigaon.
Lowest town ratio ...		·2	·1	·46	·06	·07	·09	·32	·1	3·00	·06	·20	·21		·06
Name of that town ...		Moherpur.	Bettiah.	Gauripur.	Kairana.	Montgomery.	Nowshera Kalan	Badnera	Puliyangudi.	Mercara	Dohad	Nattalin	Pyawbwe.		Kana.
Number of towns without mortality.		1	8	1	2	21	...	...	30	...	10	...	...		73
Town death rate per 1,000 of population.		2·8	1·6	3·81	3·21	1·65	1·04	3·78	2·9	5·77	2·30	2·89	1·63		2·35

*Excluding Delhi and Ajmer-Merwara.

O.—Plague mortality—1921.

Province or State.					January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
																	1921.	1920.
BRITISH PROVINCES.																		
...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	19
...	...	...	...	...	...	4	17	22	11	2	...	2	...	...	...	1	59	66
Orissa	...	...	...	...	2,406	3,247	6,562	2,926	318	15	16	16	43	40	141	774	16,504	19,108
...
Provinces of Agra and Oudh	...	...	...	...	3,730	5,272	9,477	3,545	383	25	5	25	55	63	351	1,078	24,009	24,872
...	...	...	...	...	140	389	651	473	91	...	...	...	4	84	357	364	2,553	6,137
West Frontier Province	...	...	...	...	...	...	...	126	10	...	...	...	...	...	1	1	138	732
Provinces and Berar	...	...	...	...	105	179	57	23	8	...	4	114	1,428	2,120	909	520	5,467	14,374
Presidency	...	...	...	...	3,289	2,811	1,129	233	126	61	190	493	458	549	1,278	1,258	11,875	14,652
...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	68
Presidency	...	...	...	...	616	456	364	475	261	81	11	236	379	780	529	384	4,672	13,857
{ Lower	...	...	...	...	396	627	515	298	117	227	399	249	232	121	100	284	3,565	3,539
	{ Upper	...	...	...	178	120	197	17	...	...	...	2	1	13	95	215	838	1,944
erwara	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL					10,861	13,105	18,970	8,138	1,325	411	725	1,137	2,600	3,770	3,761	4,879	69,682	...
					14,761	15,995	20,624	13,461	3,994	2,253	2,433	4,545	5,567	4,739	3,938	7,058	...	99,306
INDIAN STATES, ETC.																		
Indian States	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Orissa Indian States	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Indian States	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Provinces of Agra and Oudh Indian States	...	...	...	...	6	69	113	15	...	...	...	...	...	...	...	...	203	518
Indian States	...	...	...	...	5	9	100	116	74	8	...	...	...	...	...	...	312	1,819
and Kashmir States	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	5	...
stan	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
na	...	...	...	...	11	13	203	159	37	3	...	...	...	...	1	...	427	465
India	...	...	...	...	26	27	...	3	...	...	...	...	1	2	5	...	64	3,621
States in Central Provinces	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
State	...	...	...	...	3	4	1	2	1	...	...	...	2	1	...	...	14	40
Presidency Indian States	...	...	...	...	136	126	70	51	8	26	50	57	107	1,185	41	26	883	5,677
Indian States	...	...	...	...	...	3	8	...	...	10	13	35	7	10	2	1	89	26
ad State	...	...	...	...	443	381	106	17	2	...	...	...	29	65	92	159	1,294	20,128
State	...	...	...	...	1,059	828	459	121	181	320	431	772	1,155	1,204	921	793	8,244	7,670
re Civil and Military Station	...	...	...	...	26	24	16	4	5	3	6	15	39	77	46	43	304	722
Indian States...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
Total					1,715	1,484	1,076	488	308	370	500	879	1,340	1,544	1,108	1,027	11,839	...
					4,499	7,702	4,540	2,211	857	584	1,376	3,685	4,789	5,172	3,355	2,121	...	40,891
GRAND TOTAL					12,576	14,589	20,046	8,626	1,633	781	1,225	2,016	3,940	5,314	4,669	5,906	81,521	...
					19,260	23,697	25,164	15,672	4,851	2,837	3,809	8,230	10,356	9,911	7,293	9,179	..	140,259
City	...	...	...	...	...	1	2	22	9	2	...	1	...	...	...	...	37	53
City	...	...	...	...	4	20	132	342	185	34	18	22	22	11	2	6	607	281
City	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	3	8

P.—Mortality from Respiratory Diseases—1921.

Provinces, Districts, Towns.	Delhi.	Bengal.	Bihar and Orissa.	Assam.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Madras Presidency.	Coorg.	Bombay Presidency.	Lower Burma.	Upper Burma.	Ajmer-Merwara.	Registration India.
I.—Mortality by Provinces :—															
A.—Deaths by months—															
January	668	3,264	914	796	3,839	7,215	272	4,274	4,213	14	10,459	707	318	12	34
February	409	3,556	667	1,011	2,889	5,619	146	3,739	3,876	13	9,932	695	247	9	32
March	379	4,943	812	1,340	2,973	5,498	151	3,863	3,674	19	10,782	719	307	4	35
April	390	3,120	709	1,294	2,485	4,629	117	3,433	3,551	10	8,822	692	257	8	29
May	383	2,469	637	948	2,414	4,632	96	3,385	4,035	13	7,064	616	243	2	26
June	341	1,767	540	755	2,088	4,117	118	2,787	3,199	14	5,150	665	235	5	21
July	249	1,810	514	615	1,708	2,991	151	2,661	3,600	12	5,722	720	280	3	21
August	336	1,971	637	499	2,068	3,416	161	3,637	4,107	13	6,608	715	242	10	24
September	564	2,006	426	489	2,443	4,652	97	3,591	3,796	14	6,917	689	265	3	25
October	440	2,246	509	646	2,527	5,092	126	3,317	3,501	21	6,935	694	286	9	26
November	364	2,549	456	668	2,514	4,102	112	3,579	3,768	9	7,168	645	290	3	26
December	356	2,666	521	722	2,369	3,866	113	3,429	3,905	21	7,777	650	297	6	26
TOTAL	4,879	32,367	7,342	9,783	30,317	55,829	1,663	41,695	45,180	173	93,336	8,198	3,267	74	334
B.—Annual death ratios :—															
Ratio per 1,000 of population, 1921	9.74	.7	.2	1.42	.67	2.72	.78	3.00	1.1	1.06	4.87	1.21	.81	.15	1
Ratio per 1,000 of population, 1920	10.81	.5	.2	2.14	.71	2.73	.65	3.08	1.2	1.47	4.93	1.33	.88	.48	1
Difference	−1.07	+2	...	−.72	−.04	−.01	+13	−.08	−.1	−.41	−.06	−.12	−.07	−.33	...
Mean ratio per 1,000 during 1916-20	12.41	.4	.2	3.98	.62	2.42	.72	3.47	1.3	.46	4.96	1.19	.95	.88	1
Difference	−2.67	+3	...	−2.56	+05	+30	+06	−.47	−.2	+60	−.09	+02	−.14	−.73	...
II.—District Mortality Excluding Towns :—															
Number of districts affected	Not available.	26	21	8	43	29	5	22	24	4	27	18	12	Not available.	10
Highest district ratio		2.9	1.5	4.36	10.15	10.67	.74	10.11	3.2	.54	9.88	.69	1.09		10
Name of that district		Darjeeling.	Puri.	Lakhimpur.	Hamirpur.	Gurdaspur.	Dera Ismail Khan.	Jubbulpore.	Nilgiris.	Nanjara-Patna.	Kaira.	Tavoy.	Sagaing.		Gurpur.
Lowest district ratio ... ..		.01	.003	.38	.01	.09	.10	.24	.2	.03	.27	.02	.01		...
Name of that district		Pabna.	Champan.	Goa-para.	Jaunpur.	Montgomery.	Peshawar.	Balaghat.	Vizagapatam.	Kiggatnad.	Sukkur.	Prome	Meiktila		Chupar.
Number of districts without mortality ... ..		...	...	...	...	...	...	...	...	...	...	...	...		...
District death rate per 1,000 of population ... ..		.3	.1	1.37	.21	2.36	.33	2.70	.9	.24	3.26	.38	.21	...	...
III.—Town Mortality :—															
Number of towns affected	Not available.	114	47	19	81	150	13	104	231	2	110	41	22	Not available.	1
Highest town ratio		24.1	3.1	12.90	18.83	17.07	8.68	19.41	11.6	25.27	22.45	12.58	14.71		25
Name of that town		Darjeeling.	Puri.	Doom Dooma.	Kalpi	Burya	Peshawar.	Khurai.	Tirupati	Virajpet	Poona	Paung-de.	Shwebo		Virajpet.
Lowest town ratio ... ..		.02	.06	.46	.08	.05	.27	.53	.1	9.87	.31	.20	.27		...
Name of that town		Chittagong.	Madhubani.	Gauripur.	Lakhimpur.	Kot Adu	Becket-Ganj Khiwaja Ganj.	Khapa.	Tiruvallur.	Mercara	Karachi Cantonment.	Nattalia	Yangon		Chango.
Number of towns without mortality		3	10	3	6	4	...	...	66	...	3	...	...		...
Town death rate per 1,000 of population		5.8	.8	3.90	7.18	5.96	4.83	5.80	2.2	15.38	11.56	6.95	7.10	...	...

* Excluding Delhi and Ajmer-Merwara.

RATIO PER MILLE OF STRENGTH.*

A.—Administrations.	Years.	Average Strength.†	Constantly sick.	Cholera.		Small-pox.		Malaria.		Tubercle of the lungs.		Pneumonia.		Respiratory Diseases.		Dysentery.		Diarrhoea.		Anæmia and Debility.		All causes.	
				FROM		D — DEATHS.		A.—ADMISSIONS.		D — DEATHS.		A.—ADMISSIONS.		D — DEATHS.		A.—ADMISSIONS.		D — DEATHS.		A.—ADMISSIONS.		D — DEATHS.	
				A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
Burma	1911-1920	16,036	17	1.0	.65	.4	.09	29.1	.32	10.9	4.83	4.5	1.60	9.9	57	22.3	2.05	6.6	.16	4.0	.21	324.5	19.49
...	1920	14,606	22	.8	.41	.8	.07	36.6	1.03	14.6	4.66	3.5	1.10	8.7	.34	34.2	3.08	7.1	.21	3.7	.34	437.2	19.92
...	1921	16,087	24	.3	.25	.1	...	39.0	.25	10.7	2.80	5.3	1.62	12.5	.25	38.0	1.86	15.4	.31	4.5	.19	500.0	16.22
Assam	1911-1920	1,912	45	1.0	.47	.3	...	108.7	1.83	6.9	2.82	12.0	3.40	32.4	1.25	156.6	6.85	126.4	.78	8.9	.63	993.2	29.44
...	1920	2,226	39	...	...	...	...	88.5	1.35	8.5	1.35	19.3	4.49	25.6	.45	97.0	3.14	83.6	.45	4.0	...	809.5	23.81
...	1921	2,369	43	1.7	.42	...	...	96.7	1.27	10.1	7.60	9.7	3.38	36.3	.42	118.2	3.38	95.4	...	1.7	.84	951.0	37.99
Bengal	1911-1920	13,241	53	1.1	.41	.5	.09	329.0	1.48	10.3	3.17	11.1	2.45	45.9	.74	173.6	5.13	127.8	.51	16.3	.51	1,195.4	21.20
...	1920	14,150	59	.1	.07	1.1	.07	384.6	1.91	8.3	2.61	13.5	3.46	48.7	.42	129.8	4.38	116.3	.42	10.4	.42	1,349.6	21.63
...	1921	13,497	48	.1	...	.1	...	382.9	1.70	8.4	2.67	13.8	3.85	41.3	.37	106.6	2.44	100.2	.37	10.7	.37	1,227.5	16.67
Bihar and Orissa	1911-1920	7,212	43	3.4	1.47	.6	.06	209.2	.97	18.2	4.77	9.2	2.90	37.2	.93	141.0	8.35	109.0	.92	2.0	.92	943.9	32.46
...	1920	7,183	49	1.5	.70	1.0	...	187.2	.97	11.4	4.04	12.3	2.65	41.3	.84	136.4	7.24	81.6	.70	11.6	.11	890.0	29.10
...	1921	5,469	52	5.9	2.74	.4	...	246.1	.55	15.7	6.40	12.8	3.66	41.1	1.65	172.1	5.30	153.0	.18	6.8	.55	1,165.8	33.09
United Provinces of Agra and Oudh.	1911-1920	25,252	21	.5	.23	.7	.12	105.0	.81	7.4	2.21	11.8	2.60	21.7	.83	30.0	2.11	17.2	.83	7.2	.23	469.6	18.24
...	1920	24,795	19	.0	.04	1.1	.12	218.8	.97	11.8	2.54	14.6	2.98	24.5	1.09	29.6	2.06	19.8	.69	6.5	.12	588.9	17.06
...	1921	25,163	24	2.1	1.03	.2	.04	228.0	.72	11.6	3.10	16.1	4.09	22.8	1.23	40.1	2.11	20.6	.95	7.0	.68	608.0	21.34
Punjab	1911-1920	14,228	36	.1	.07	.5	.02	201.6	.72	14.6	5.05	22.3	4.86	43.6	.92	31.6	1.71	39.9	.120	24.8	.55	793.7	26.08
...	1920	13,079	34	.1	.08	.5	...	216.5	.99	6.1	2.58	15.9	3.72	40.2	.45	6.8	.15	31.3	.30	21.0	.23	753.5	15.25
...	1921	13,871	33	.1	.07	.3	...	283.2	1.44	6.2	2.67	16.6	4.04	36.9	.22	20.3	.65	30.3	.50	9.9	.36	888.9	17.52
North-West Frontier Province.	1911-1910	2,409	25	.0	.04	.4	...	372.0	.87	5.7	1.49	21.7	6.10	30.6	1.33	53.4	2.57	20.7	1.04	8.7	.46	811.0	28.60
...	1920	2,558	23	...	...	1.2	...	238.5	1.95	10.9	1.95	19.9	7.43	32.4	.78	24.6	.78	12.9	1.17	4.7	...	568.2	20.72
...	1921	2,862	26	...	...	1.4	...	680.3	3.14	8.4	2.45	24.5	6.29	26.0	1.40	33.9	2.45	14.7	.70	8.4	.70	997.6	24.11
Central Provinces	1911-1920	3,820	15	.4	.13	.7	.03	63.3	.52	6.7	2.83	7.8	1.86	15.5	1.20	43.5	3.17	22.4	1.57	4.5	.31	404.2	22.93
...	1920	4,044	16	.2	...	1.5	...	59.4	.50	6.9	2.23	11.6	2.72	16.6	1.98	17.8	1.24	28.0	3.47	1.2	...	385.1	25.00
...	1921	4,395	19	.7	.23	2.0	...	72.4	.46	9.1	4.78	10.7	3.87	20.0	1.59	51.6	4.55	26.2	1.82	1.6	...	443.5	34.13
Bombay	1911-1920	10,169	26	.7	.33	.9	.03	149.4	.71	5.0	1.83	16.8	5.00	37.6	.97	41.8	1.26	41.8	1.00	4.8	.27	682.3	21.86
...	1920	11,536	34	...	...	3.2	...	201.5	.26	4.2	1.74	17.5	4.59	44.4	.61	.60	.61	44.3	1.13	.3	.17	965.4	20.02
...	1921	11,984	28	...	...	.8	.17	213.3	.50	6.5	2.50	26.4	4.51	55.0	.75	31.0	1.08	40.1	.42	1.0	...	809.9	16.94
Madras	1911-1920	10,038	18	1.9	.50	.6	.08	32.6	.51	8.8	2.97	4.8	1.25	19.2	.59	86.3	1.77	7.5	.26	4.9	.26	373.8	17.53
...	1920	11,612	22	.3	.34	.2	...	28.4	.26	11.5	4.05	6.9	1.72	24.1	.69	25.9	1.29	3.0	.43	2.2	.09	393.3	20.58
...	1921	13,570	17	.5	.29	.4	...	22.9	.29	8.8	2.53	4.6	1.55	22.5	.59	24.1	1.55	1.5	...	1.3	.15	335.2	18.35
India†	1911-1920	164,879	29	.8	.41	.6	.05	149.6	.81	9.9	3.32	11.9	2.96	29.2	.83	60.1	2.89	43.5	.37	10.9	.37	650.4	21.78
...	1920	106,981	30	.3	.17	1.1	.05	186.7	.90	9.8	2.98	12.5	3.01	30.9	.73	48.7	2.34	39.0	.66	7.4	.27	733.5	19.98
...	1921	110,523	29	1.0	.49	.4	.03	206.6	.83	9.4	3.09	13.7	3.42	30.0	.73	50.8	2.02	39.2	.51	5.9	.36	736.6	20.11
Andamans	1911-1920	12,109	59	...	...	.0	...	972.1	2.53	5.7	4.14	16.1	6.90	61.2	1.86	82.0	5.11	43.0	.85	1.4	.13	1,564.4	35.53
...	1920	11,572	60	...	...	...	...	869.3	3.11	5.9	5.10	12.6	6.31	62.3	.86	67.2	4.32	34.0	.79	8.7	.09	1,506.7	39.66
...	1921	11,182	45	...	...	.2	...	502.4	1.34	4.1	2.68	8.3	3.04	57.5	.98	41.1	.89	34.1	.45	17.8	.27	1,116.3	17.44
...	1920	116,988	32	...	.37	.5	...	234.7	.99	9.5	3.40	12.3	3.37	32.5	.93	62.3	3.12	43.4	.81	9.9	.35	745.0	23.21
...	1921	118,553	33	.3	.15	1.0	.04	253.4	1.11	9.5	3.19	12.5	3.33	34.0	.74	50.5	2.53	38.5	.67	7.6	.25	805.0	21.91
India§	1911-1920	121,705	31	.9	.44	.3	.02	233.8	.88	8.9	3.06	13.3	3.39	32.6	.76	49.9	1.91	38.7	.50	7.0	.35	771.5	19.86

* Excluding subsidiary jails.
† Including Delhi, Ajmer, Sibi, Quetta, Meerut and Secunderabad, and excluding Andamans.
‡ The decennial ratios are worked on the total strength of the ten year period.
§ Including Andamans.

RATIO PER MILLE OF STRENGTH.*

B.—Groups.	Year.	Average strength.†	Constantly sick.	Influenza.		Cholera.		Small-pox.		Enteric Fever.		Malaria.		Pyrexia of uncertain origin.		Pneumonia.		Dysentery.		Diarrhoea.		All causes.		
				A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	
Group I.—Burma Coast and Bay Islands.	1911-1920	10,868	17	26.3	.25	.4	.27	.06	.3	.06	2.3	.40	30.3	.20	35.1	.04	3.9	1.28	23.4	2.14	16.7	.11	322.6	18.98
	1920	9,581	21	46.8	1.36	.3	.10	.10	.7	.10	2.7	.83	43.0	.42	71.2	...	3.2	.31	37.6	2.50	7.8	...	444.1	16.91
	1921	10,696	24	61.0	.47	.5	.37	...	.1	...	2.0	.56	48.9	.19	65.0	.09	3.3	1.22	45.1	1.96	15.2	.19	551.8	12.90
" II.—Burma Inland "	1911-1920	5,038	17	35.5	.14	2.1	1.49	...	.5	.14	1.8	.50	27.0	.58	17.4	.02	5.9	2.28	20.4	1.91	4.8	.30	328.7	21.00
	1920	4,853	23	56.9	1.03	1.6	1.05	...	.8	...	2.9	1.44	24.3	.82	23.5	...	4.1	1.44	28.6	4.33	5.8	.62	434.0	26.38
	1921	5,391	25	65.5	.19	...	...	...	...	...	3.7	.93	19.3	.37	41.2	...	9.3	2.41	24.1	1.67	15.8	.56	397.3	22.82
" III.—Assam "	1911-1920	1,816	45	82.1	2.53	1.1	.50	...	.3	...	.7	.22	105.5	1.65	106.5	.44	12.1	3.41	155.0	7.05	124.6	.77	975.6	29.23
	1920	2,124	39	147.4	6.12	...	...	...	...	...	.5	.47	86.6	1.41	29.7	...	18.8	4.24	99.8	2.82	87.1	.47	818.3	23.07
	1921	2,259	43	158.9	8.85	1.8	.44	...	...	...	.4	...	93.4	.89	32.8	...	10.2	3.54	121.7	3.54	96.9	...	948.6	36.30
" IV.—Bengal and Orissa "	1911-1920	14,115	52	51.4	1.13	1.3	.50	.09	.5	.09	1.0	.25	321.2	1.38	6.7	.04	10.8	2.45	171.8	5.56	125.7	.88	1,180.5	22.03
	1920	15,081	55	111.5	2.92	.3	.13	.07	1.1	.07	1.6	.33	375.6	1.86	31.2	...	13.8	3.51	130.4	5.24	115.2	.83	1,325.9	22.21
	1921	14,084	48	57.9	.57	.1	.07	...	.1	...	1.1	.21	378.6	1.56	22.6	...	13.8	4.05	108.1	2.77	101.3	.21	1,216.5	17.47
" V.—Ganggetic Plain and Chutia Nagpur.	1911-1920	22,273	27	42.1	2.96	1.1	.52	.04	.6	.04	.8	.19	130.5	.85	8.9	.06	9.2	2.44	60.7	3.85	42.9	1.00	599.2	21.95
	1920	21,741	24	26.4	2.53	.4	.22	.09	1.4	.09	.5	.14	205.6	.74	4.5	...	12.9	2.85	57.2	3.50	36.2	.69	661.2	20.12
	1921	20,944	32	46.8	3.01	3.6	1.62	...	.3	...	.4	...	244.2	.67	5.4	...	14.8	3.63	72.0	2.48	51.9	.81	763.7	25.21
" VI.—Upper Sub-Himalaya.	1911-1920	14,570	30	31.9	3.57	.4	.19	.03	.5	.03	.6	.21	190.1	.80	17.1	.05	20.4	4.15	28.1	1.53	36.1	1.04	704.3	20.81
	1920	13,915	27	6.8	.86	...	...	...	.4	...	.6	.22	251.5	.86	8.1	...	16.2	3.16	18.2	.72	28.4	.29	713.9	12.36
	1921	14,427	25	15.3	.55	1.1	.55	.07	.3	.07	.6	.21	284.1	1.32	4.8	.21	18.0	4.71	34.4	2.22	27.2	.83	744.8	18.02
" VII.—North-West Frontier, Indus Valley and North Western Rajputana.	1911-1920	10,947	32	36.3	4.16	.1	.05	.04	.6	.04	.9	.25	255.5	1.04	21.4	.04	25.9	6.97	39.9	2.11	31.6	.82	783.6	30.26
	1920	11,032	36	21.3	1.27	.1	.09	...	1.3	...	1.0	.27	220.8	1.36	22.4	...	22.7	5.53	10.6	.45	24.2	.36	72.5	19.67
	1921	11,837	34	56.9	3.04	...	...	...	.8	...	1.8	.59	338.9	1.44	24.0	...	22.8	5.91	18.0	1.01	20.9	.25	891.9	22.13
" VIII.—South Western Rajputana, Central India and Gujarat.	1911-1920	4,492	19	29.2	3.16	.8	.36	...	.5	...	.3	.13	120.5	.80	.4	.02	12.8	2.72	24.1	1.38	21.8	.78	453.3	18.12
	1920	4,630	24	71.5	6.70	...	...	...	...	...	.6	...	290.0	1.73	.2	...	13.8	3.24	22.7	.86	19.2	1.51	638.7	24.84
	1921	4,691	17	5.8	.64	.2	.21	...	.9	...	.6	.21	220.0	...	1.1	...	14.5	2.98	14.5	...	23.7	...	605.6	11.30
" IX.—Deccan "	1911-1920	8,451	22	64.2	4.57	.7	.37	.01	.4	.01	.4	.12	96.4	.41	20.8	.11	9.1	2.32	45.8	2.09	39.3	1.22	598.9	20.88
	1920	9,646	29	148.7	6.84	.1	...	...	.7	...	.2	.10	125.2	.31	27.4	...	11.2	3.42	40.6	1.04	45.3	2.49	850.9	23.53
	1921	10,126	26	43.4	2.47	.3	.10	...	1.0	...	.1	...	122.8	.49	51.5	.20	20.8	3.16	40.5	2.57	41.5	1.19	696.6	22.12
" X.—Western Coast "	1911-1920	2,290	21	24.3	1.97	1.7	.79	.17	2.1	.17	1.9	.35	90.7	.52	2.9	...	8.0	2.88	62.8	2.35	31.6	1.70	494.0	23.58
	1920	2,849	28	11.9	.35	...	...	...	8.4	...	.4	.35	181.1	...	.4	...	9.8	2.81	26.0	1.76	38.6	1.05	691.1	20.71
	1921	2,720	27	4.0	...	...	...	.74	.7	.74	...	...	265.1	.74	...	...	9.9	1.47	51.8	1.47	40.4	.74	394.5	20.59
" XI.—Southern India "	1911-1920	9,176	18	52.5	2.93	.7	.40	.07	.6	.07	.5	.09	33.4	.51	19.9	...	4.9	1.20	35.4	1.63	7.4	.23	378.8	16.63
	1920	10,549	22	122.6	4.27	.4	.38	...	.2	...	.4	.29	29.1	.29	.2	...	7.3	1.80	26.5	.95	2.9	.48	405.3	20.29
	1921	12,558	17	54.5	2.55	.6	.32	...	.4	...	.2	...	24.2	.32	.6	...	4.8	1.67	25.2	1.59	1.6	...	332.1	18.16
" XII.—Hills "	1911-1920	767	29	73.2	3.39	...	...	.39	1.6	.39	1.4	.13	194.7	2.09	47.5	.13	19.7	4.30	96.9	4.04	67.6	1.30	926.3	24.78
	1920	857	32	22.2	4.67	...	...	1.17	5.8	1.17	1.2	1.17	152.9	...	88.7	1.17	7.0	2.33	73.5	...	31.5	2.33	717.6	25.66
	1921	688	33	43.6	...	...	...	...	...	...	1.5	1.45	203.5	4.36	110.5	1.45	17.4	2.91	72.7	...	63.9	2.91	937.5	29.07
India†	1911-1920	104,879	29	42.0	2.61	.8	.41	.05	.6	.05	1.0	.23	149.6	.81	17.6	.05	11.9	2.96	60.1	...	43.5	.80	650.4	21.78
	1920	106,981	30	62.9	2.84	.3	.17	.05	1.1	.05	1.0	.34	186.7	.90	19.9	.01	12.5	3.01	48.7	2.34	39.0	.66	733.5	19.98
	1921	110,523	29	47.5	1.82	1.0	.49	.03	.4	.03	.9	.24	206.6	.83	21.6	.06	13.7	3.42	50.8	2.02	39.2	.51	736.6	20.11
Andamans	1911-1920	12,169	59	29.3	2.51	...	...	...	.0	...	1.0	.35	972.1	2.53	5.1	17	16.1	6.90	82.0	5.11	43.0	.85	1,564.4	35.58
	1920	11,572	50	72.1	7.69	...	...	...	...	...	1.1	.52	869.3	3.11	.4	...	12.6	6.31	67.2	4.32	34.0	.79	1,506.7	39.66
	1921	11,182	45	24.0	.45	...	...	...	.2	...	.5	.09	502.4	1.34	3.9	...	8.9	3.04	41.1	.89	34.1	.45	1,116.3	17.44
India‡	1911-1920	116,988	32	40.7	2.60	.8	.37	.05	.5	.05	1.0	.24	234.7	.99	16.3	.06	12.3	3.37	62.3	...	43.1	.81	745.0	23.21
	1920	118,553	33	63.8	3.31	.3	.15	.04	1.0	.04	1.0	.35	253.4	1.11	18.0	.01	12.6	3.33	50.5	...	38.5	.67	809.0	21.91
	1921	121,705	31	45.3	1.69	.9	.44	.02	.3	.02	.9	.22	233.8	.88	20.0	.06	13.3	3.39	49.9	1.91	38.7	.50	771.5	19.86

* Excluding subsidiary jails.

† Including Aden and excluding Andamans.

‡ The decennial ratios are worked on the total strength of the ten year period.

§ Including Andamans.

C.—Causes of admission.				Years.*	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Cholera	...	...	...	1917	4	...	1	3	4	2	28	4	...	44	11	...	101
				1918	1	1	9	11	36	2	23	4	...	2	12	101	
				1919	...	4	13	31	21	28	91	47	32	7	3	2	279
				1920	3	...	3	2	9	9	2	1	1	...	...	...	30
				1921	...	...	4	31	4	3	17	36	...	...	...	2	113
				Total	...	1917-1921	8	5	30	78	74	44	161	92	49	51	16	16	624
Enteric Fever	...	...	...	1917	9	4	5	9	9	4	8	10	2	8	9	4	81
				1918	5	11	6	10	8	15	11	8	7	6	5	3	95
				1919	1	4	2	12	14	7	6	2	10	5	2	...	65
				1920	9	11	6	8	9	12	13	12	10	8	3	4	105
				1921	7	5	3	11	10	7	10	16	14	9	6	5	103
				Total	...	1917-1921	31	35	22	50	50	45	48	48	43	36	25	16	449
Malaria	...	...	...	1917	916	851	1,104	1,133	1,163	1,196	1,262	1,645	2,653	3,433	2,821	2,054	20,231
				1918	1,381	1,099	1,271	1,397	1,435	1,219	1,737	1,936	2,194	1,773	1,650	1,286	18,378
				1919	1,070	904	1,140	1,257	1,399	1,515	1,695	1,817	3,232	3,781	3,203	1,836	22,849
				1920	1,099	875	1,138	1,382	1,277	1,143	1,567	2,463	2,607	2,400	2,315	1,615	19,971
				1921	1,063	816	1,059	1,456	1,602	1,189	1,533	2,235	3,250	4,031	2,843	1,760	22,837
				Total	...	1917-1921	5,529	4,545	5,712	6,625	6,876	6,262	7,794	10,096	13,936	15,508	11,832	8,551	104,266
Pyrexia of uncertain origin	...	...	...	1917	109	67	83	98	174	155	184	152	162	120	112	117	1,533
				1918	126	89	89	105	176	201	254	242	96	166	121	60	1,725
				1919	72	115	145	126	196	280	224	261	142	106	63	61	1,794
				1920	88	54	81	80	111	186	234	251	324	305	265	153	2,132
				1921	127	56	69	112	118	150	214	310	236	365	324	304	2,385
				Total	...	1917-1921	522	381	467	521	775	972	1,110	1,219	960	1,062	685	445	9,569
Dysentery	...	...	...	1917	281	349	412	381	326	403	610	669	547	571	605	686	5,840
				1918	507	442	657	679	579	561	691	673	713	780	754	692	7,728
				1919	526	531	605	696	620	648	1,038	947	718	706	716	583	8,334
				1920	410	285	361	339	338	367	575	677	538	478	439	405	5,212
				1921	363	265	342	331	323	381	608	865	698	525	500	415	5,616
				Total	...	1917-1921	2,087	1,872	2,377	2,426	2,186	2,369	3,522	3,331	3,214	3,060	3,014	2,781	32,730
Diarrhoea	...	...	...	1917	268	270	392	383	393	400	534	467	521	428	407	341	4,804
				1918	355	294	646	599	554	480	539	419	463	463	430	328	5,660
				1919	304	336	501	554	583	540	839	715	603	516	477	350	6,318
				1920	295	240	415	341	362	361	433	459	425	303	282	248	4,173
				1921	192	228	327	299	304	376	566	611	459	373	320	274	4,329
				Total	...	1917-1921	1,414	1,467	2,281	2,176	2,196	2,157	2,911	2,671	2,471	2,083	1,916	1,541	25,284

* Excluding Andamans.

D.-SICK- NESS AND MORTALITY FROM PRINCIPAL DISEASES.	Years.	INFLUENZA.			CHOLERA.			SMALL-POX.			ENTERIC FEVER.			MALARIA.			PYREXIA OF UNCER- TAIN ORIGIN.			TUBERCLE OF THE LUNGS.			PNEUMONIA.		
		ACTUALS.		RATIOS.	ACTUALS.		RATIOS.	ACTUALS.		RATIOS.	ACTUALS.		RATIOS.	ACTUALS.		RATIOS.	ACTUALS.		RATIOS.	ACTUALS.		RATIOS.	ACTUALS.		RATIOS.
		Admissions.	Deaths.	Admission rates.	Admissions.	Deaths.	Admission rates.	Admissions.	Deaths.	Admission rates.	Admissions.	Deaths.	Admission rates.	Admissions.	Deaths.	Admission rates.	Admissions.	Deaths.	Admission rates.	Admissions.	Deaths.	Admission rates.	Admissions.	Deaths.	Admission rates.
1912	...	124	2	1.3	180	71	1.4	77	12	.8	81	11	.9	9,743	48	105.2	1,725	4	18.6	891	295	9.6	742	159	8.0
1913	...	98	...	1.0	34	17	.4	18	45	.5	103	17	1.1	10,470	60	108.2	2,375	9	24.5	888	284	9.2	869	174	9.0
1914	...	191	3	1.9	67	34	.7	.03	38	.4	111	30	1.1	11,980	75	127.3	1,901	6	18.6	1,002	357	9.8	1,105	250	10.8
1915	...	519	1	4.7	46	29	.4	.01	26	.2	117	19	1.1	14,651	89	132.1	1,795	8	16.2	945	338	9.5	1,433	342	11.9
1916	...	191	...	1.7	78	35	.7	...	35	.3	159	37	1.4	17,518	94	153.6	2,442	3	21.4	1,031	384	9.0	1,267	307	11.1
1917	...	241	4	2.3	101	40	1.0	.04	22	.2	81	25	.8	20,231	80	192.2	1,533	4	14.6	1,142	386	10.8	1,328	343	12.6
1918	...	28,871	1,082	259.6	101	40	.9	18.46	59	.5	95	28	.9	18,378	94	171.2	1,725	7	16.1	1,323	400	12.3	1,816	559	16.9
1919	...	8,006	445	69.3	279	140	2.4	3.85	155	21	65	16	.6	22,849	122	197.8	1,794	8	15.5	1,093	380	9.5	1,572	416	13.6
1920	...	6,793	304	63.0	30	18	.3	2.84	117	5	105	36	1.0	19,971	96	186.7	2,132	2	19.9	1,053	319	9.8	1,341	322	12.5
1921	...	5,247	201	47.5	113	54	1.0	1.82	43	.3	103	26	.9	22,837	92	206.6	2,385	7	21.6	1,041	342	9.4	1,519	378	13.7

Years.	RESPIRATORY DISEASES.			DYSENTERY.			DIARRHOEA.			ANÆMIA AND DEBILITY.		
	ACTUALS.		RATIOS.	ACTUALS.		RATIOS.	ACTUALS.		RATIOS.	ACTUALS.		RATIOS.
	Admissions.	Deaths.	Admission rates.	Admissions.	Deaths.	Admission rates.	Admissions.	Deaths.	Admission rates.	Admissions.	Deaths.	Admission rates.
1912	2,221	73	23.0	5,132	240	2.59	3,814	63	41.2	982	24	10.6
1913	2,378	66	24.6	5,379	209	2.16	3,674	79	38.0	1,026	34	10.6
1914	2,624	85	25.7	6,139	268	2.62	3,832	62	37.5	1,205	27	11.8
1915	3,350	91	30.2	6,804	302	2.72	4,519	88	40.7	1,556	34	14.0
1916	3,451	90	30.2	6,934	348	3.05	5,023	82	44.0	1,097	45	9.6
1917	3,436	84	32.6	5,840	258	2.45	4,804	64	45.6	1,236	38	11.7
1918	3,516	121	32.8	7,728	381	3.55	5,660	97	52.7	1,560	59	14.5
1919	3,347	108	30.7	8,334	435	4.20	6,318	148	54.7	933	48	8.1
1920	3,311	78	31.0	5,212	250	2.37	4,173	71	39.0	795	29	7.4
1921	3,321	81	30.0	5,616	223	2.03	4,329	53	39.2	647	49	5.9

E.—Statistics of convicts only. Ad.—Admission rates. D.—Death rates.		1917.			1918.			1919.			1920.			1921.		
		Average strength.*	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.	
			Ad.	D.		Ad.	D.		Ad.	D.		Ad.	D.		Ad.	D.
Burma	{ Central ... District ...	10,286 5,267	259·3 180·7	23·53 18·25	8,450 4,572	601·2 496·1	23·52 19·03	8,035 4,318	328·1 354·1	33·11 18·53	9,178 4,412	432·1 413·9	19·29 21·31	10,177 4,832	499·1 447·4	15·02 17·38
Assam	{ Central ... District ...	... 1,909	... 877·4	... 13·10	... 2,130	... 1,194·0	... 21·07	... 2,069	... 1,004·3	... 23·20	... 2,159	... 788·8	... 25·94	... 2,315	... 941·0	... 37·59
Bengal	{ Central ... District ...	6,672 6,946	1,023·5 1,354·0	14·69 18·57	6,595 7,442	1,253·7 1,661·5	16·22 25·93	6,112 7,131	1,189·8 1,672·1	17·83 28·89	8,005 4,834	805·5 2,194·9	11·12 40·13	6,057 6,153	991·1 1,498·0	14·36 13·35
Bihar and Orissa	{ Central ... District ...	3,403 2,458	970·6 857·6	37·03 24·41	3,962 3,696	1,877·1 1,338·7	61·17 79·82	3,954 4,024	1,333·8 1,191·4	43·25 50·20	3,464 3,317	823·6 942·7	29·16 20·24	2,837 2,259	1,144·5 1,181·9	40·54 27·45
United Provinces	{ Central ... District ...	9,851 11,772	366·2 361·5	14·01 10·96	11,012 11,286	637·1 661·6	39·41 40·76	12,711 13,793	512·0 519·0	28·09 22·33	10,682 11,157	495·9 671·4	15·44 17·75	10,946 11,039	492·0 707·9	15·80 25·78
Punjab	{ Central ... District ...	6,310 6,569	1,501·1 646·4	27·58 28·47	6,783 5,536	1,690·7 971·6	42·31 81·29	7,334 5,692	1,301·5 757·9	22·50 24·60	6,791 5,196	946·8 580·8	13·40 18·47	6,706 5,702	1,143·0 687·8	16·40 19·47
North-West Frontier Province.	{ Central ... District ...	... 2,451	... 1,141·6	... 28·15	... 1,981	... 1,118·1	... 52·50	... 1,833	... 651·4	... 20·19	... 2,064	... 614·3	... 20·35	... 2,141	... 1,066·3	... 21·49
Central Provinces	{ Central ... District ...	2,473 887	287·5 345·0	19·01 22·55	2,492 966	711·9 847·8	41·33 70·39	2,754 1,157	293·4 490·9	13·80 32·84	2,755 1,024	381·5 453·1	26·50 22·46	2,955 1,154	490·7 454·1	42·21 26·86
Bombay	{ Central ... District ...	3,959 5,413	982·8 493·1	18·19 18·84	4,165 5,501	1,253·3 927·6	41·30 71·99	4,541 7,004	1,035·0 825·2	18·94 27·56	4,303 6,868	1,392·7 719·3	19·99 19·51	4,401 6,770	803·2 6,092·8	15·91 22·16
Madras	{ Central ... District ...	7,936 1,552	291·7 621·1	16·13 12·89	8,256 1,653	431·8 722·3	28·22 16·94	9,269 2,160	581·1 743·5	41·54 31·02	9,345 2,394	419·9 512·9	22·15 20·47	9,766 2,407	385·9 546·3	24·81 26·59
Total of the above Provinces.	{ Central ... District ...	50,890 45,224	644·4 640·6	20·14 17·58	51,715 44,772	952·6 989·7	34·83 47·53	54,710 49,181	770·1 832·5	28·82 26·82	54,723 43,425	659·0 821·5	18·13 22·64	53,845 44,772	671·1 881·9	19·59 26·12

F.—Statistics of convicts only.				Not exceeding six months.	Above six months and not exceeding one year.	Above one year and not exceeding two years.	Above two years and not exceeding three years.	Above three years and not exceeding seven years.	Above seven years.	Total.
Arranged according to duration of confinement.										
1917.	{	District Jails ...	Strength ...	21,800	10,577	6,583	3,263	3,181	675	46,084
			Deaths ...	398	163	129	44	55	6	795
			Ratio per 1,000 of strength ...	18·26	15·41	19·60	13·46	17·29	8·89	17·25
	{	Central Jails ...	Strength ...	15,495	9,972	9,197	6,548	5,671	3,208	50,091
			Deaths ...	264	179	222	154	162	44	1,025
			Ratio per 1,000 of strength ...	17·04	17·95	24·14	23·52	28·57	13·72	20·46
1918.	{	District Jails ...	Strength ...	21,686	10,608	6,443	3,298	2,252	589	44,876
			Deaths ...	1,204	456	256	84	110	18	2,128
			Ratio per 1,000 of strength ...	55·52	42·99	39·73	25·47	48·85	30·56	47·42
	{	Central Jails ...	Strength ...	16,779	10,034	8,491	6,930	6,453	3,236	51,923
			Deaths ...	616	273	318	204	310	80	1,801
			Ratio per 1,000 of strength ...	36·71	27·21	37·45	29·44	48·04	24·72	34·69
1919.	{	District Jails ...	Strength ...	24,509	11,702	7,680	3,163	2,081	538	49,678
			Deaths ...	857	243	114	39	57	9	1,319
			Ratio per 1,000 of strength ...	34·97	20·77	14·84	12·33	27·39	16·73	26·55
	{	Central Jails ...	Strength ...	17,108	10,492	8,972	7,698	6,708	3,642	54,620
			Deaths ...	597	291	249	147	229	64	1,577
			Ratio per 1,000 of strength ...	34·90	27·74	27·75	19·10	34·14	17·57	28·87
1920.	{	District Jails ...	Strength ...	22,759	10,807	6,761	2,953	1,862	433	45,675
			Deaths ...	588	209	96	32	39	19	983
			Ratio per 1,000 of strength ...	25·84	19·34	14·20	10·84	20·95	43·88	21·57
	{	Central Jails ...	Strength ...	16,852	10,507	8,726	6,794	6,316	3,705	52,900
			Deaths ...	341	303	200	97	124	27	992
			Ratio per 1,000 of strength ...	20·23	19·32	22·92	14·28	19·63	7·29	18·75
1921.	{	District Jails ...	Strength ...	23,219	10,524	6,612	2,733	1,920	463	45,471
			Deaths ...	604	186	132	33	40	14	1,009
			Ratio per 1,000 of strength ...	26·01	17·67	19·96	12·07	20·83	30·24	22·19
	{	Central Jails ...	Strength ...	17,395	10,299	9,346	7,128	6,261	3,761	54,190
			Deaths ...	398	157	233	95	138	33	1,054
			Ratio per 1,000 of strength ...	22·88	15·24	24·93	13·33	22·04	8·77	19·45

Statement No. I.—Total Primary Vaccinations and re-vaccinations, successful cases among children, cost of the Special Vaccination Department, etc., during the official year 1921-22.

Province.	Number of operations performed by the Special and Dispensary Staffs combined.		Percentage of successful cases* to total operations.		Number of children successfully vaccinated by the Special and Dispensary Staffs combined.		Average number of persons vaccinated by each vaccinator of the Special Staff.	Total cost of the Special + Department.	Average cost of each successful case vaccinated by the Special Department.
	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Under one year.	1 to 6 years.			
Delhi ...	13,316	1,543	97·77	75·57	10,543	1,055	1,857	Rs. 3,690	Rs. 0 4 8
Bengal ...	1,266,551	495,075	96·5	59·4	300,816	773,820	1,049	3,28,190	0 3 8
Bihar and Orissa ...	903,595	36,256	99·54	65·71	371,125	505,302	719	1,56,873	0 2 8
Assam ...	291,970	75,578	94·82	58·58	57,627	177,881	763	88,796	0 4 0
United Provinces of Agra and Oudh.	1,155,705	64,284	96·82	70·23	805,724	267,258	1,327	4,02,165	0 5 2
Punjab ...	625,079	227,745	97·55	75·35	484,637	84,520	†2,698	2,66,881	0 5 11
North-West Frontier Province.	88,511	11,708	97·93	81·21	50,838	25,603	§2,688	23,426	0 4 1
Central Provinces and Berar	364,961	45,421	98·76	57·85	284,576	61,373	1,409	1,72,342	0 7 6
Madras ...	1,298,102	176,703	78·6	43·5	436,961	422,588	||2,012	¶5,16,650	0 8 8
Coorg ...	8,181	4,367	94·42	74·62	1,326	4,103	1,340	4,431	0 7 6
Bombay ...	581,444	92,380	99·62	46·45	417,448	96,441	1,549	6,32,394	1 2 8
Burma ...	494,960	160,990	93·08	58·44	143,173	236,648	1,907	3,16,418	0 9 7
Ajmer-Merwara	12,700	468	91·22	54·41	10,427	1,156	816	4,672	0 6 3
Total ...	7,105,075	1,392,458	94·69	68·08	3,375,221	2,657,748	1,295	29,17,128	0 6 8

(*) Excluding those the results of which were not known.

(†) Excluding dispensaries.

(‡) Including vaccinations performed in cantonments.

(§) Including vaccinations performed in cantonments and Political Agencies.

(||) Excludes the work done by medical subordinates.

(¶) Excluding the pay and allowances of the Assistant Directors of Public Health.

Statement No. II.—Vaccination operations performed by the Special and Dispensary Establishments separately, deaths from small-pox, etc., during the official year 1921-22.

Province.	Population.	NUMBER OF OPERATIONS (PRIMARY AND RE-VACCINATIONS COMBINED).			Ratio of successful vaccinations per 1,000 of population.	Percentage of annual estimated births at 40 per 1,000 of population success- fully vaccinated.	DEATHS FROM SMALL-POX*.	
		By Special Department.	By Dispensary Staff.	Total.			Number.	Ratio per 1,000 of population.
Delhi ...	506,539	14,859	...	14,859	25·25	52·66	22	·04
Bengal ...	†44,505,606	1,628,904	132,722	1,761,626	32·4	16·90	8,157	·2
Bihar and Orissa ...	34,002,189	939,851	...	939,851	26·73	27·29	7,836	·2
Assam ...	7,959,683	366,683	865	367,548	39·54	18·10	2,774	·40
United Provinces of Agra and Oudh.	45,375,787	1,219,729	250	1,219,989	25·28	44·39	1,439	·03
Punjab ...	20,544,800	851,276	1,548	852,824	34·86	58·69	4,575	0·22
North-West Frontier Province	3,256,965	99,467	752	100,219	28·10	39·02	576	0·27
Central Provinces and Berar ...	13,912,760	410,273	109	410,382	26·46	51·14	1,787	·13
Madras ...	‡42,227,554	1,474,442	363	1,474,805	22·9	25·87	9,792	0·2
Coorg ...	163,838	12,061	487	12,548	62·17	20·23	6	0·04
Bombay ...	20,809,517	664,991	8,833	673,824	26·02	50·15	1,771	·09
Burma ...	13,169,039	650,140	5,810	655,950	40·82	27·18	987	·09
Ajmer-Merwara ...	495,271	13,108	...	13,108	24·06	52·63	724	1·46
Total ...	247,023,608	8,345,794	151,739	8,497,533	28·00	34·16	40,446	·17

* For the Calendar year.

† Excludes the population of all Municipalities except Calcutta.

‡ Excludes the population of the cantonments of Bangalore and Secunderabad.

Effective Strength.

Commands and Districts.			EUROPEAN TROOPS.								INDIAN TROOPS.							
			Officers.				Warrant and Non-commissioned Officers and men.				Officers.				Warrant and Non-commissioned Officers and men.			
			Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.	
			Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.
Command	...	...	1	130	100	02	16	3,168	94	58	...	70	...	90	1,010	24,254	85	72
"	...	...	...	23	...	78	7	1,457	100	36	9	58	...	26	533	5,568	73	42
"	...	...	...	36	...	81	45	2,113	91	54	...	50	...	64	1,396	10,627	57	56
"	...	...	...	154	...	62	92	3,611	91	74	...	28	...	36	540	13,497	89	49
istrict	...	...	...	2	...	100	2	90	100	42	...	10	...	20	5	2,811	60	23
Force	...	...	...	1	...	...	...	28	...	64	...	42	...	83	104	3,919	63	53
Total	...	...	1	346	100	65	162	10,467	92	60	9	258	...	62	3,578	60,676	72	58

NON-EFFECTIVE STRENGTH—FAMILIES.

A.—European Troops.

Commands and Districts.			OFFICERS' WIVES.				OFFICERS' CHILDREN.				SOLDIERS' WIVES.				SOLDIERS' CHILDREN.			
			Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.	
			Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.
		
Command	29	...	69	59	5	81	40	8	255	100	81	257	177	92	82
"	3	2	100	...	7	59	100	83	139	70	86	71
"	8	...	88	12	3	92	100	3	92	67	80	195	54	93	76
"	61	...	72	40	16	77	81	13	335	100	74	356	198	78	78
istrict	1	...	100	...	1	...	100	...	31	1	81	100
Force
Total	98	...	73	124	26	82	69	22	741	97	78	978	500	86	78

B.—INDIAN TROOPS.

Commands and Districts.			EUROPEAN OFFICERS' WIVES.				EUROPEAN OFFICERS' CHILDREN.				INDIAN SOLDIERS' WIVES.				INDIAN SOLDIERS' CHILDREN.			
			Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.	
			Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.
		
Command	3	...	100	15	109	93	32	154	568	84	76	1,034	338	86	72
"	4	...	...	1	...	100	...	12	99	...	41	105	59	86	31
"	7	3	86	100	430	369	85	49	583	250	90	66
"	9	...	78	13	1	85	100	42	224	86	55	814	185	94	90
istrict	4	1	100	...	...	105	...	59	171	58	97	84
Force
Total	10	...	62	40	114	90	34	638	1,365	83	61	2,707	890	90	72

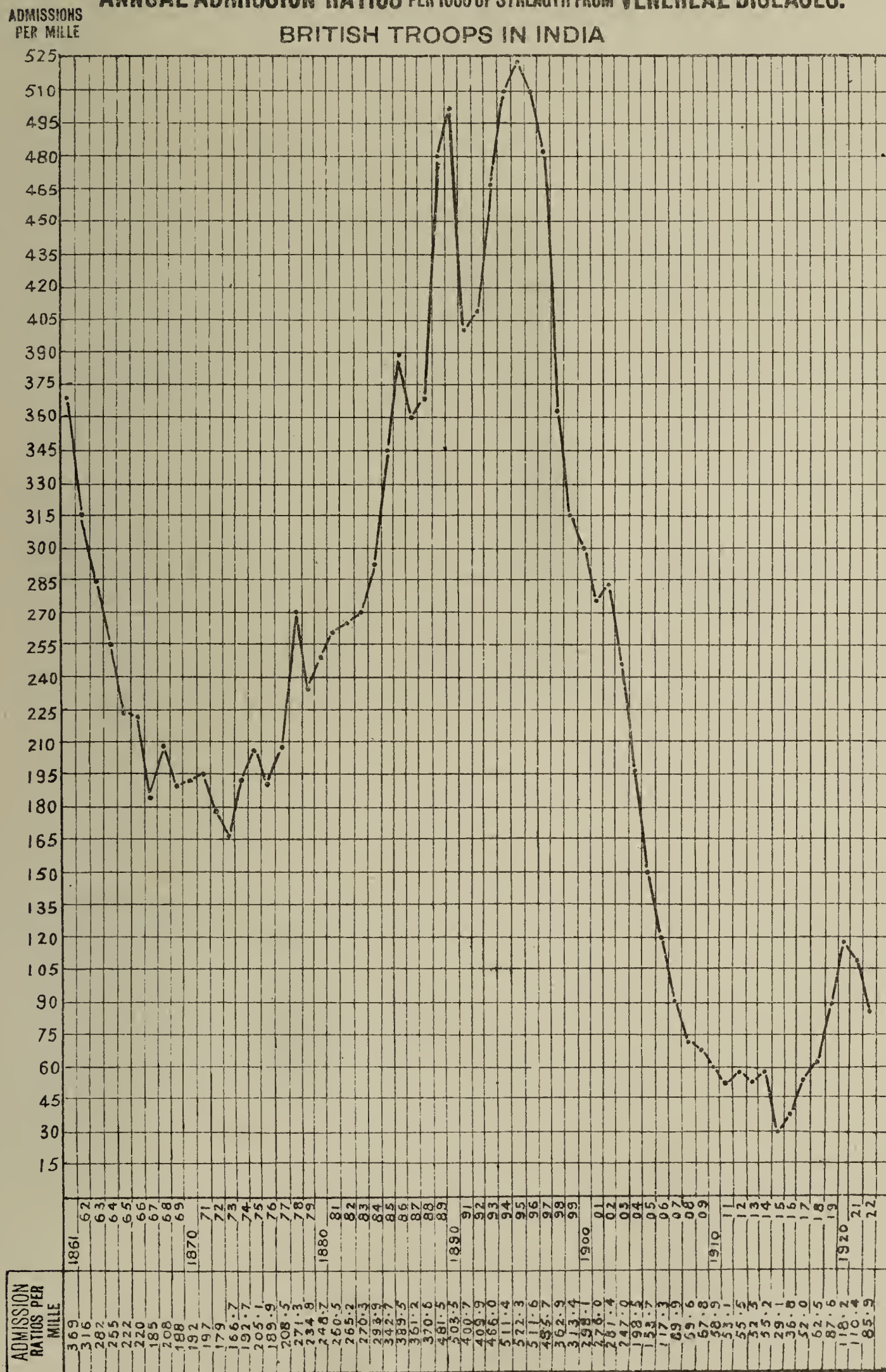
APPENDIX A.

CHART—showing the Annual Admission Ratios per Mille, from 1861 onwards, with a précis of various enactments or orders dealing with the control of venereal diseases amongst the British Troops serving in India.

Chart D.

ANNUAL ADMISSION RATIOS PER 1000 OF STRENGTH FROM VENEREAL DISEASES.

BRITISH TROOPS IN INDIA



Simla Drawing Office. No. 3656, September 1923.

1. 1864. Act XXII of 1864. To make provision for the Administration of Military Cantonments. (*Gazette of India*, 1864, January—June).

Section XVII—authorises powers to make Rules and Regulations.

Section XIX—Rules and Regulations under XVII may provide for,—

Clause 7.—For inspecting and controlling houses of ill-fame and for preventing the spread of venereal disease.

Lock Hospital Rules were framed under this clause (*vide* reference 3).

2. 1864. First Annual Report of Sanitary Commissioner for Bengal published.

3. 1866. Lock Hospital Rules introduced. (Sanitary Commissioner's Report, 1866).

Rules provide for,—

- (1) The registration of public prostitutes.
- (2) The prohibition of public prostitution by unregistered women.
- (3) The adoption of means for the detection of venereal disease amongst registered prostitutes.
- (4) The establishment of Lock Hospitals for the treatment and detention of women suffering from venereal disease.

(Rules sanctioned. Government of India No. 21, dated 1st March 1866, *vide* Cantonment Regulations framed under Act XXII of 1864, pages 102, 112).

4. 1868. Contagious Disease Act of 1868. (Act XIV) (Indian Acts, Volume VIII).

Definition :—"Contagious Disease" means any contagious venereal disease.

Main Clauses :—

1. Prostitutes and Brothel Keepers to be registered.
2. Change of residence of above to be notified.
3. Penalty for refusing to show evidence of registration.
4. Penalty for permitting unregistered prostitutes to resort to brothels.
5. Periodical examination of registered women.
6. Local Governments may provide and certify hospitals for the control and management of prostitutes.
7. Registered prostitutes may be summoned to go to and remain in these hospitals. Penalty for disobedience.
8. Power to provide for out-door treatment.
9. Penalty for acting as a prostitute while under treatment.
10. Names may be removed from Register on women being desirous of ceasing trade.
11. Power granted to Local Government to make Rules.

Act XXVI of 1868. An Act to enable Municipalities to provide for Lock Hospitals. (Indian Acts, 1868, Volume VIII).

This Act was repealed in 1888.

5. 1870. Army Enlistment Act : Short Service System introduced.

Enlistment to be for a period not longer than 12 years ; and to be,—

- (1) For the whole period in army service.
- (2) For a portion of the said period to be fixed from time to time by the Secretary of State. (Statutes 33 and 34 Victoria, Chap. 67).

1871. Sanitary Commissioner's Report includes the three Presidencies for the first time.

Ratio 203 per 1,000.

Increase attributed to the Lock Hospital Rules not having been put into force properly in all stations. (Sanitary Commissioner's Report, 1871).

6. 1872. Married Establishment of Regiments in India. (General Order 1301).

Staff Sergeants and Sergeants All

Trumpeters, Drummers, and Rank and File 12 per cent.

1873. Ratio 166 per 1,000. Best on record. (Sanitary Commissioner's Report, 1873).

1877. Number of troops being sent to India begins to show a marked increase. (Sanitary Commissioner's Report, 1877).

7. 1882. Married Establishment reduced.

(India Army Circular 185 of 1882).

Warrant Officers	...	...	...	...	All.
Non-Commissioned Officers, Classes 1, 2 and 3	...	...	...	...	All.
Classes 4 and 5—					
Cavalry	...	...	...	...	6 per cent.
Artillery—8 per cent for next 5 years, and then	...	...	...	...	6 per cent.
Infantry	...	...	...	...	4 per cent.

1883. Ratio 270·3 per 1,000.

During last 14 years the ratio in “Protected” (*i.e.* “Protected” under Contagious Disease Act, 1868) and “Unprotected” stations has been :—

Unprotected stations	...	...	...	227
Protected stations	...	...	...	223

(Sanitary Commissioner's Report, 1883).

Act of 1868 (Municipal Lock Hospitals Act) repealed.

Residence of registered prostitutes in bazaars of British Corps, or accompanying troops to camps or on the line of march, prohibited. All compulsory examination of women, all registration and granting of licenses stopped, and hospitals in which prostitutes are treated to be worked as voluntary institutions.

(Despatch No. 193, from Government of India, to Secretary of State, dated 15th October 1888).

In the Bengal Command the average admission remained stationary in the stations which were under protection and decreased enormously, to the extent of 125·5 per 1,000 of average strength, in the non-protected stations as soon as protection was afforded by the re-introduction of the Lock Hospital system.

(Sanitary Commissioner's Report, 1888).

8. 1885. Lock Hospitals in 10 stations experimentally closed—

Chakrata.	Kasauli.
Allahabad.	Mian Meer.
Delhi.	Murree.
Meerut.	Rawalpindi.
Peshawar.	Cawnpore.

(Military Department Pro. A., January 1885, Nos. 2193-99).

1886. Ratio 389·5 per 1,000.

“Ulcer of Penis” introduced into statistics, and Non-Gonorrhoeal Orchitis excluded.

“Soft Sores” were previously returned as Primary Syphilis.

(Sanitary Commissioner's Report, 1886).

The effect of the experimental closure of Lock Hospitals in 1885.

An enquiry made in 1886 and published in Sanitary Commissioner's Report of 1885 (Appendix A). *N. B.*—This was not published till 1887.

A.—General causes which led to increase between 1871–85.

The Short Service system did not produce any well marked influence until 5 or 6 years after the Act was passed (1870). The new system produced the following changes :—

- (a) an increase in the proportion of young men under 24 years of age ;
- (b) a diminution in the proportion of married men in the rank and file ;
- (c) an increase in the number of young unacclimatised and in experienced soldiers annually brought to India ;
- (d) more frequent movement of troops on account of field operations, camps of exercise, etc.

The number of men under 24 years of age rose from 39·8 per cent. in 1871 to 47·8 per cent. in 1885; and the number of married men diminished from 11·19 per cent. in 1871 to 5·05 per cent. in 1885.

In 1885 married men showed 3 admissions per 10,000 less than in 1874, and unmarried men 118 per 10,000 more than in 1872.

The increased number of inexperienced soldiers annually imported rose from 15·5 per cent. in 1870-71 to 20·7 per cent. in 1884-85.

In 1875 the movement of troops in connection with the Prince of Wales' visit caused an increase.

B.—The results of the experimental closure of Lock Hospitals.

There was an increase both in the protected and unprotected stations, but from the statistics published it appears that whereas the excess of admissions in those cantonments in which Lock Hospitals were temporarily closed was 119·0 per mille, it was only 61·2 in the cantonments in which these hospitals were still maintained; equivalent to 7,451 admissions more than would otherwise have taken place. (Sanitary Commissioner's Report, 1885, Appendix A).

9. 1887. Secretary of State telegraphs that attention has been called in House of Lords to the existence of official regulations for the provision of prostitutes in regimental bazaars, and calls for full report. Reply forwarded 24th January 1888.

(Military Department Pro. A., January 1888, Nos. 1234-45).

The whole question was raised as the result of Quartermaster General's Circular Memo. No. 21, dated 17th June 1886 (*vide* page 14 of Pro. A., November 1893, Nos. 63-79).

Ratio 361·2 per 1,000.

The Lock Hospitals mentioned under reference 8 above were re-opened.

(Sanitary Commissioner's Report, 1887).

10. 1888. Resolution, House of Commons, 5th June 1888:—

“Resolved that, in the opinion of this House any mere suspension of measures for the compulsory examination of women, and for licensing and regulating prostitution in India, is insufficient, and the legislation which enjoins, authorises, or permits such measures ought to be repealed.”

(Military Department Pro. A., January 1889, Nos. 251-81).

Act XIV of 1868 (Indian Contagious Diseases Act) and

11. 1890. Cantonment Act of 1889 came into force.

Rules under section 26, clause (21) and section 27, sub-section (2) and (4), published.

(Government General Order No. 617-Judicial, dated 4th July 1890).

1. As many hospitals as may be necessary, within or without the limits of the cantonment as the cantonment authority with the concurrence of the District Magistrate may determine, shall be maintained, at the expense wholly or in part of the cantonment fund, for the treatment of persons suffering from infectious or contagious disorders.
2. A medical officer, to be appointed in such manner as the Local Government may direct, shall be in charge of every such hospital.
3. A person admitted to such a hospital shall be treated gratuitously, and if such person is without means of support and is either a resident of the cantonment or was admitted to the hospital on the request of the cantonment authority shall receive from the cantonment fund such subsistence allowance not being less than the lowest allowance for the time being fixed by the Local Government under section 338 of the Code of Civil Procedure as the cantonment authority may determine.
4. If the medical officer for the time being in charge of a hospital maintained under these rules for the treatment of persons suffering from any infectious or contagious disorder, certifies in writing to the commanding officer of the cantonment that any person is suffering, or is supposed by such medical officer to be suffering, from the disorder, and such person either refuses to go to the hospital, or, having gone to the hospital, leaves it before such medical officer has pronounced such person to be free from the disorder, the Cantonment Magistrate may, on the application of such medical officer, order such person to remove from the cantonment within 24 hours and prohibit from remaining in or re-entering it without the written permission of such medical officer.
5. If a person having been prohibited under the last foregoing rule from remaining in or re-entering a cantonment remains in or re-enters the cantonment without such written permission as is mentioned in that rule, such person will be punished with a fine which may extend to fifty rupees or with imprisonment for a term which may extend to eight days, for every breach of the said prohibition.

Objections to these rules were received from residents in various cantonments and from Messrs. Stansfield and Stuart, Members of Parliament, who object chiefly to Rule 4. In reply to the latter Secretary of State points out that this rule covers all infectious and contagious diseases, and prostitutes cannot be exempted.

(Military Department Pro. A., 1890, Nos. 716-33, of August 1890).

12. 1890. Institution of Cantonment Hospitals.

Rules for establishment and maintenance of Cantonment Hospitals—*vide* Memo. No. 5276-B. (Sanitary—Cantonment Hospitals) from Quartermaster General to General Officers Commanding, dated 5th December 1890.

(Military Department Pro. A., January 1891, No. 207 of Nos. 203-07—Sanitary, Lock Hospitals.)

1891. Investigation made into the causes of incidence of venereal diseases. Chief conclusions arrived at :—

- (1) Within at least 3 years of institution of Lock Hospitals produced a decided effect in checking venereal diseases in stations where they were opened.
- (2) When certain of these hospitals were experimentally closed the venereal rate for those stations rose to a great height as compared with the rates of those stations where Lock Hospitals were retained.
- (3) On the abolition of Lock Hospitals there was a marked rise in the venereal rate for those stations that had had Lock Hospitals.
- (4) Taking the period during which Lock Hospitals were in activity as a whole, the ratio for stations with Lock Hospitals was lower than that for stations without them ; although the ratio for the former class of station had been higher than that for the latter class before the institution of Lock Hospitals.
- (5) When stations are divided into those that had, and those that had not Lock Hospitals, it is found that the venereal ratio rose in both, but less ; and less rapidly in the former than in the latter.
- (6) A very probable cause of the increase of the ratios in both classes of stations since 1877 was the increased proportion of fresh, young, unmarried men, (*i.e.*, Short Service System).

The main reasons for the reduced rate :—

- (1) Institution of Cantonment Hospitals where voluntary treatment is obtainable.
- (2) During previous few years so many men had had Syphilis that a large number were immune.

(Sanitary Commissioner's Report, 1891).

1892. Ratio 410 per 1,000.

Chief cause of failure of Lock Hospitals was because in the working of them failed to reach all those persons against whom it was intended to protect the troops.

Main cause of increase :—(a) Short Service System.

(b) Reduced number of married men.

1893. Ratio 466.0.

There were 2,619 men or equivalent to 3 regiments constantly in hospital for venereal disease.

A total of 32,058 cases.

1. 1893. Departmental Committee appointed by Secretary of State for India to enquire into the rules, regulations, and practice in Indian Cantonments with regard to prostitutes and to the treatment of Venereal Disease. Mr. G. W. Russell, M. P., Chairman, Under Secretary of State for India.

(Military Department Pro. A., November 1893, Nos. 63-79, Sanitary—Cantonment Hospitals.)

The majority of the Committee report that the system prevailing in cantonments since 1888 is not in accordance with the House of Commons resolution of 5th June 1888.

1894. Ratio 511.4 per 1,000.

The Sanitary Commissioner's Report gives ratios from 1853 to 1872 for the Bengal Army ; and from 1872 for the whole Army in India.

Since 1878 the number of fresh troops arriving annually has been much greater than

(Short Service System.)

14. 1895. Act V passed; and came into force on 8th February 1895; excludes rules being applicable to examination or registration of prostitutes.

To section 26 of Cantonment Act of 1889 (Sanctioning powers to make rules) the following shall be added:—

“ Provided that no such rule shall contain any regulation enjoining or permitting any compulsory or periodical examination of any woman by medical officers or others for the purpose of ascertaining whether she is or is not suffering from any venereal disease, or is or is not fit for prostitution, or any regulation for the licensing or special registration of prostitutes, or giving legal sanction to the practice of prostitution in any cantonment.”

(India Acts, 1889 and Pro. A., June 1898, No. 1559 of Nos. 1549-76).

This practically swept away all regulations designed to check the spread of venereal diseases. Circular Memo. No. 13, Sanitary—Cantonment Hospitals, dated 29th May 1895, from Quartermaster-General to General Officers Commanding prohibits the following:—

1. Prostitutes accompanying regiments or detachments on the line of march or to standing camps.
2. Prostitutes occupying buildings which are either the property of Government or Cantonment Committee.
3. Persons holding any office or appointment under Cantonment Committee owing or receiving the rent of buildings occupied by prostitutes.

(Military Department Pro. A., 1559 of Nos. 1549-76, June 1898).

		1872-73.	1892-93.
1896.	Percentage of married men to strength	... 11.19	3.29
	Venereal disease ratio per 1,000 of strength	... 166.7	409.9

(Sanitary Commissioner's Report, 1896.)

Commander-in-Chief proposes to abolish Cantonment Hospitals as since the passing of Act V of 1895 they no longer filled the object for which they had been established, *i.e.*, as a means of decreasing venereal diseases amongst the troops. They were replaced by 13 followers hospitals and 15 dispensaries.

(Military Despatch No. 49, dated 18th March 1896) and (Pro. A., May, No. 933 of 1899).

15. 1897. Act XV of 1897 repeals Cantonment Act Amendment of 1895 (Act V) and amends section 31 of Cantonment Act XIII of 1889.

Act XV of 1897.

In section 31 of Cantonment Act, 1889, for the words “or C. O.” the words “or Commanding, Medical, or other Officer” shall be substituted.

Section 31. A suit or prosecution shall not be entertained in any Court against any Cantonment Authority, appointed under last foregoing section (*i.e.*, when Cantonment is situated in a Presidency town, the Local Government appoints the authority), Cantonment Magistrate or Commanding Officer for anything in good faith done in pursuance of powers conferred or under this Act, by such Authority, Magistrate or Officer, whether the thing done was or was not authorized by the power so conferred.

Rules under this Act published in General Order No. 1148-Judicial, dated 15th October 1897, allow prostitutes suspected of being diseased to attend hospital or in default submit to expulsion.

(Military Department Pro. A., June 1898, Nos. 1549-76).

New nomenclature of “Soft Chancre” introduced. (A. M. D. Report, 1897.)

Ratio 485.7 per 1,000; decrease due to large number of men on active service during last half of year. (Tirah Campaign).

(Sanitary Commissioner's Report, 1897.)

1898. Out-patient system of treatment introduced.

Reduction of incidence of disease (362.9) considered to be due to this, and the placing of certain bazaars out of bounds.

(Sanitary Commissioner's Report, 1898).

16. 1899. Cantonment Hospitals re-established.

(Military Department Pro. A., Nos. 929-33).

1900. Decrease of last 3 years considered to be due to action of Cantonment Act, i.e., expulsion or treatment of diseased women. Noted that Clandestine prostitution is more difficult to deal with than bazaar prostitution.

(Sanitary Commissioner's Report, 1900).

1901. Between 1899 and 1901 there were less drafts to India owing to the Boer War.

(Sanitary Commissioner's Report, 1901).

1902. Increase attributed to return of troops from South Africa well provided with money.

(Sanitary Commissioner's Report, 1902).

1903. Ratio 247. Lowest rate for 24 years. (1879.)

Attributed to:—

(a) Out-patient system saving re-admissions.

(b) Influences tending to amelioration of the soldier's lot, by combined medical and military authorities improved education, instruction in prevention and treatment of both men and women; increased interest in games, and encouragement of trade or craftsmanship, improvement in regimental institutes.

(Sanitary Commissioner's Report, 1903).

17. 1904. Syphilis Register introduced.

S. Pallada demonstrated by Schaudin.

Memorandum by the Commander-in-Chief regarding the steps to be taken for the suppression of venereal disease:—

1. Regimental officers to combat disease, drink, and idleness, amongst the men by every means in their power.
2. Men under treatment for venereal disease to make up duties, on discharge from hospital.
3. Cantonment Magistrates to assist regimental and medical officers in their efforts to control disease; and to remove all undesirable characters from cantonments.
4. Medical officers to inspect drafts on arrival from England and again 8 to 10 days later; and advise Commanding Officers as to means best calculated to reduce venereal disease.
5. General Officers Commanding and their staffs to see that all possible precautions are taken and that orders are carried out.

(A. G. No. 1422-C., dated 2nd June 1904—Case No. 8432.)

18. 1907. India Army Order, dated 22nd February 1907.

Expresses Commander-in-Chief's (Lord Kitchener) gratification at reduction of rate of 281·4 in 1902 to 118·0 in 1906.

19. 1916. Regular Troops largely replaced by Territorials.

	Regulars.	Territorials.
Venereal rate per 1,000	47·2	19·0

The Territorials formed 63 per cent. of the total strength of Army. (Sanitary Commissioner's Report, 1916).

20. 1918. Defence of India (Consolidation) Rules, 1915, made under section 2, Defence of India (Criminal Law Amendment Act, 1915).

Rule 12-C. (inserted by Notification No. 1636, dated 19th July 1918—*vide Gazette of India*, 1918, Part I, page 1191) gives power to close brothels in places, where troops are assembled.

(Legislation and Orders relating to the War. Government of India Legislative Department, 1919.)

Commander-in-Chief directed that this rule was to be generally applied. [No. 047451-(A. G.-5), dated 2nd August 1918].

21. 1919. Act XXII of 1919 amends Cantonment Act of 1910, and gives powers under section 23 for expulsion from Cantonments "of prostitutes and procurers". (Indian Acts, 1919).

The progressive increased ratio from 29·1 in 1915 to 87·6 in 1919 attributed to the prolonged period men of the Territorial Army and of Garrison Battalions were retained on service in India, with a resulting loss of moral restraint. (Sanitary Commissioner's Report, 1919).

22. 1920. Early Treatment Rooms established.

(A. H. Q. D. M. S. Circular No. 19-S., dated 17th May 1920.)

The chief causes of the high incidence during 1920 amongst British Troops are considered to be:—

- (1) The large number of young, untrained and undisciplined men who arrived in India since cessation of hostilities.
- (2) The complete dislocation of the regimental composition in British Units due to the War whereby the number of officers with experience of control of men during peace conditions became reduced by at least 50 per cent., and experienced Non-commissioned Officers and old soldiers who in pre-war days exercised a stabilizing influence on the morals and welfare of a unit became an almost negligible quantity.
- (3) The relaxation of morals and moral restraint which appears to have occurred during the war amongst the population of the United Kingdom, especially amongst the classes to which the present day young soldier in India belongs.
- (4) The closing of brothels in Cantonments was co-incident with the rising incidence of venereal disease, and appears to have failed to attain the objectives aimed at.
- (5) A number of men arrived in India who had undoubtedly contracted the disease in the United Kingdom, just prior to embarkation, but in whom symptoms did not develop until after embarkation.
- (6) The lighting and general comfort of regimental institutes leave much to be desired and until these are improved the young soldier is certain to seek amusements outside.

(Sanitary Commissioners's Report, 1920).

ANNUAL RETURNS

OF THE

EUROPEAN ARMY OF INDIA

OF THE

INDIAN ARMY AND OF THE JAIL
POPULATION

FOR THE YEAR

1921

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II.—INDIAN TROOPS, 1921.

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III.—PRISONERS 1921.

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Detail of diseases	XXXV 151—157
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NOTE.—In the tables for European troops, Indian troops, and for prisoners, the months mentioned are calendar months.

TABLE A.

Grouping of Diseases in the Main Tables for 1921.

HEAD OF DISEASE.	Includes or includes also
CHOLERA	/
HEAT-STROKE	Sun-stroke and Heat exhaustion.
ALCOHOLISM	Delirium tremens. Alcoholic Poisoning.
TUBERCLE OF THE LUNGS .	Pulmonary tuberculosis.
OTHER RESPIRATORY DISEASES	All diseases except Pulmonary tuberculosis and Pneumonia.
ANÆMIA AND DEBILITY .	Old age (Tables for men and women). Premature birth (Tables for children).
DIARRHŒA	
HEPATIC CONGESTION AND INFLAMMATION.	Congestion of liver, Hepatitis, Perihepatitis ; but excludes Cirrhosis of liver and abscess of liver.
VENEREAL DISEASES . .	Syphilis, Gonorrhœa, and Soft Sore.
PHAGEDÆNA, SLOUGH, AND GANGRENE.	Nomenclature of 1918, Gangrene } Acute infective and gangrene of skin. }
ABSCESS, ULCER, AND BOIL .	Nomenclature of 1918, Pages 140— } 148 Nomenclature of diseases. }
ABORTION AND AFFECTIONS CONNECTED WITH PREGNANCY.	Pages 121—123 (1918 Edition).
AFFECTIONS CONNECTED WITH AND CONSEQUENT ON PARTURITION.	Nomenclature of diseases (1918 Edition) Pages 123—126.
ALL OTHER DISEASES PECULIAR TO WOMEN.	Nomenclature of diseases (1918 Edition) Pages 112—121.

These two headings appear only in jail tables.

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I.—EUROPEAN TROOPS, 1921.

TABLE B.

STATIONS by COMMANDS.

STATIONS.	Height above the sea level in feet.*	Authority for height.	STATIONS.	Height above the sea level in feet.*	Authority for height.	STATIONS.	Height above the sea level in feet.*	Authority for height.
NORTHERN COMMAND—			NORTHERN COMMAND— <i>contd.</i>			EASTERN COMMAND— <i>contd.</i>		
Abbottabad	4,010	S. D.	Thal	2,450	S. D.	†Lebong	6,000	S. D.
Ali Masjid	not available.		†Upper Topa	7,000	M. O.	Lucknow and Military Prison	390	„
Ambala	902	S. D.	WESTERN COMMAND—			Meerut	727	„
Amritsar	756	„	Ahmedabad	159	S. D.	Muttra	557	„
Attock	1,110	„	Daryakhan	not available.		†Naini Tal Convalescent Depôt.	6,400	„
Bannu	1,250	„	Deesa	„	„	†Ranikhet and Chaubuttia .	{ 5,980 6,942	{ „ S. G.
†Barian Camp and Khyragali	{ 7,133 7,678	{ I. B. S. G.	Dera Ismail Khan . .	566	S. D.	Rurki	877	S. D.
Campbellpore	1,180	S. D.	Hyderabad (Sind) . .	94	„	Shillong	not available.	
†Cherat	4,286	„	Jandola	not available.		Sitapur	444	S. D.
†Dagshai	6,087	„	Kalabagh and Mari Indus .	„	„	SOUTHERN COMMAND—		
†Dalhousie Convalescent Depôt.	7,687	„	Karachi	33	S. D.	Ahmednagar	2,171	S. D.
Dardoni (Miraushah) . .	3,036	„	Kaur Bridge	not available.		Bangalore	2,999	„
Dattakhel	not available.		Khirgi	„	„	Belgaum	2,520	„
Ferozepore	645	S. D.	Kotkai	„	„	Bellary	1,481	„
†Gharial	6,811	„	Ladha	„	„	Cannanore	40	„
Idak	not available.		Loralai	„	„	Colaba (Bombay)	20	„
Jamrud	1,550	S. D.	Manzai	„	„	Deolali Depôt	1,892	„
Jhelum	759	„	Mount Abu Sanatorium .	3,836	S. D.	Jhansi	847	„
Jullundur	900	S. G.	Nasirabad	1,461	„	Jubbulpore	1,318	„
†Jutogh	6,778	S. D.	Piazha Raghza	not available.		Kamptee and Sitabaldi . .	938	„
Kacha Garhi	not available.		†Quetta	5,507	S. D.	Kirkee	1,853	„
Kalabagh and Baragali . .	7,983	S. G.	Sora Rogha	not available.		Madras and St. Thomas' Mount.	{ 19 250	{ „ „
†Kasauli Convalescent Depôt.	6,050	S. D.	Tank	880	S. D.	Mhow and Indore	{ 1,927 1,806	{ „ I. B.
Kohat	1,700	„	EASTERN COMMAND—			Neemuch	1,613	S. D.
†Khanspur and Ghora Dhaka	7,721	„	Agra	522	S. D.	Nowgong	770	I. B.
†Kuldana	7,049	S. G.	Allahabad and Fort . .	311	„	†Pachmarhi Sanatorium .	3,490	S. D.
Lahore Cantonment and Fort.	706	S. D.	Bareilly	561	„	Poona	1,864	„
Landi Kotal	not available.		Barrackpore	24	„	†Purandhar Sanatorium .	4,560	„
Mohammadkhel	„	„	Benares	256	„	Satara	2,200	„
Multan	404	S. D.	Cawnpore	407	„	Saugor	1,753	„
†Murree Convalescent Depôt	7,085	„	†Chakrata	6,885	„	Secunderabad	1,773	„
Nowshera	966	„	†Darjeeling Convalescent Depôt.	7,157	„	†Wellington Convalescent Depôt.	6,050	„
Parachinar	not available.		Dehra Dun	2,229	„	BURMA INDEPENDENT DISTRICT—		
Peshawar	1,149	S. D.	Delhi	706	„	Fort Dufferin (Mandalay) .	246	S. D.
Rawalpindi	1,687	„	Dinapore	171	„	†Maymyo	3,508	„
Risalpur	1,014	„	Dum-Dum	not available.		Port Blair	85	„
Saidgi	not available.		Forts William, Fulta and Chingrikhal.	17	S. G.	Rangoon	15	„
Sialkot	829	S. D.	Fyzabad	327	S. D.			
†Solon	5,078	„	†Landour Convalescent Depôt.	7,528	„			
†Subathu	4,000	„						

* These heights are usually those of the survey-marks or of the mercury-surface in barometer-cisterns of meteorological observatories.

† Official Hill Stations and Hill Sanatoria and Convalescent Depôts.

S. D. = Survey Department (Map Publication Office).

S. G. = Surveyor-General of India.

I. B. = Intelligence Branch of the Division of the Chief of the Staff.

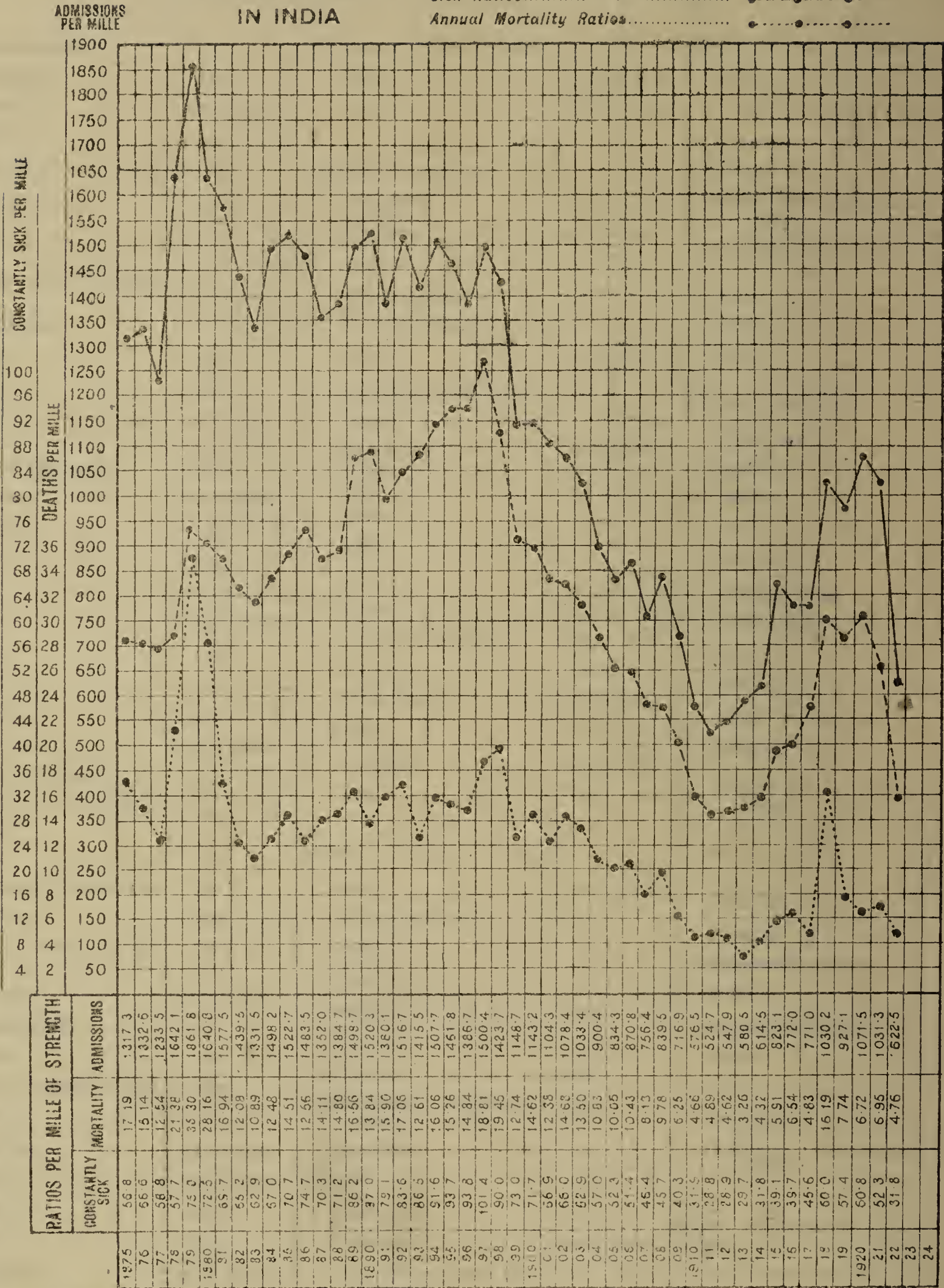
M. D. = Meteorological Department.

M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports

Chart A.

ALL CAUSES
BRITISH TROOPS
IN INDIA

Annual Admission Ratios.....
Annual Average Number Constantly
Sick Ratios.....
Annual Mortality Ratios.....



EUROPEAN TROOPS, 1921.

TABLE I.

RATIOS BY COMMANDS AND DISTRICTS.

The ratios of admissions and deaths to strength are taken from Table III.

	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.						
	Northern Command.	Western Command.	Eastern Command.	Southern Command.	Burma Independent District.	Waziristan Force.	INDIA.
STRENGTH	16,241	5,621	15,123	18,297	1,885	1,255	58,681
CONSTANTLY SICK PER 1,000 OF THE AVERAGE STRENGTH	51'31	41'76	51'09	57'91	52'73	55'50	52'32
ADMISSION RATE OF THE YEAR—							
Influenza	9'3	16'4	3'4	5'1	1'1	6'4	7'6
Cholera	1'0	...	1'3	...	...	2'4	0'6
Small-pox	0'7	0'4	0'3	0'8	...	...	0'5
Enteric Group of Fevers	5'0	3'2	3'0	2'5	...	8'8	3'4
Malaria	380'6	320'8	341'7	233'8	63'1	1,018'3	321'7
Sandfly Fever	175'1	31'5	69'8	6'9	...	127'5	74'8
Pyrexia of uncertain origin	0'5	1'6	0'3	0'2	...	...	0'6
Pulmonary tuberculosis	1'2	1'8	0'9	0'8	0'5	2'4	1'1
Lobar pneumonia	5'6	5'3	4'3	2'4	0'5	4'0	4'0
Other Respiratory Diseases	24'8	21'3	28'4	23'3	20'7	23'1	24'7
Dysentery	11'5	12'5	13'0	11'9	6'9	19'1	12'1
Diarrhoea	21'3	22'2	35'1	2'5	5'8	43'8	26'2
Hepatic { Abscess	1'0	1'2	0'6	0'7	...	0'8	0'8
{ Congestion and Inflammation	2'9	2'0	11'1	1'7	4'8	0'8	4'6
Venereal Diseases	83'4	102'7	106'1	136'7	205'8	35'1	110'4
ALL CAUSES	1,090'5	863'5	1,124'1	944'0	717'2	1,667'7	1,031'3
DEATH RATE OF THE YEAR—							
Cholera	0'49	...	0'79	...	...	2'39	0'39
Small-pox	0'12	...	0'07	0'22	...	...	0'12
Enteric Group of Fevers	0'49	0'18	0'53	0'16	...	...	0'34
Malaria	0'99	0'89	0'66	0'55	...	2'39	0'75
Pyrexia of uncertain origin . . . . .	...	...	...	...	...	...	...
Heat-stroke	1'72	...	1'65	0'66	...	1'59	1'14
Circulatory Diseases	0'31	0'71	0'33	0'33	...	0'80	0'36
Pulmonary tuberculosis	0'06	0'18	0'26	0'11	...	...	0'14
Lobar pneumonia	0'68	1'07	0'33	10'38	...	1'59	0'53
Other Respiratory Diseases	0'86	0'18	0'26	0'16	...	3'98	0'46
Dysentery	0'06	...	0'33	0'11	0'53	...	0'15
Diarrhoea . . . . .	...	...	...	...	...	...	...
Hepatic Abscess	0'37	0'18	0'33	0'16	...	...	0'26
ALL CAUSES	8'19	4'98	7'74	5'41	1'59	22'31	6'95

EUROPEAN TROOPS, 1921.

TABLE II.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table III.

	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.											
	I Burma Coast and Bay Islands.	II Burma Inlands.	IV Bengal and Orissa.	V Gange- tic Plain and Chutia Nagpur.	VI Upper Sub- Hima- laya.	VII N.-W. Frontier, Indus Valley, and N. W. Rajpu- rana.	VIII S.-E. Rajpu- rana, Central India and Gujarat.	IX Deccan.	X Western Coast.	XI South- ern India.	XIIa Hill Stations.	XIIb Hill Conva- lescent Depôts and Sanato- ria.
I.—STRENGTH	1,028	176	1,575	5,098	11,138	8,464	5,445	8,913	1,141	2,252	8,985	2,379
II.—CONSTANTLY SICK PER 1,000 OF THE AVERAGE STRENGTH . . .	44'20	48'58	78'33	47'09	54'09	48'23	47'07	50'54	89'14	56'91	42'73	69'47
III.—ADMISSION RATE OF THE YEAR—												
Influenza	1'0	5'7	...	17'5	5'4	9'9	...	3'5	0'9	0'4	8'1	17'1
Cholera . . . . .	...	...	...	1'8	1'8	10'4	...	...	...	...	...	2'1
Small-pox . . . . .	...	...	...	...	0'5	0'9	0'7	1'1	...	0'9	0'2	...
Enteric Group of Fevers . . .	...	...	...	3'1	5'8	3'8	3'5	3'1	2'6	1'8	3'2	2'1
Malaria	32'1	62'5	175'2	336'8	403'2	572'8	392'7	175'4	964'9	67'9	190'3	205'1
Sandfly Fever . . . . .	...	...	...	129'7	132'5	207'3	45'7	8'6	1'8	8'4	8'3	20'1
Pyrexia of uncertain origin . .	...	...	...	0'4	0'3	0'9	0'6	0'3	...	...	0'6	0'1
Rheumatic Fever	1'9	...	0'6	2'0	3'5	3'0	1'7	2'7	0'9	...	6'2	4'1
Pulmonary Tuberculosis . . .	...	...	1'3	0'6	1'7	0'8	0'7	0'9	...	0'9	1'6	0'1
Lobar Pneumonia . . . . .	...	...	9'5	1'2	6'7	4'8	4'0	0'9	8'8	1'8	3'0	7'1
Other Respiratory Diseases . .	16'5	28'4	35'6	27'9	25'0	26'9	22'2	23'6	25'4	16'4	21'8	41'1
Dysentery	11'7	...	27'3	15'5	9'2	12'1	6'2	16'0	4'4	8'0	13'6	18'1
Diarrhœa	8'8	...	14'6	38'6	28'3	29'7	28'8	24'3	42'1	12'0	21'3	14'1
Hepatic { Abscess . . . . .	...	...	1'9	0'2	6'7	0'5	0'7	0'4	0'9	0'4	1'4	1'1
{ Congestion and Inflammation . . .	5'8	...	3'2	3'9	11'0	2'6	4'6	1'3	2'6	1'3	4'0	2'1
Venereal Diseases	210'1	278'4	212'7	88'1	112'9	72'5	69'2	124'1	220'9	209'6	83'2	110'1
ALL CAUSES	716'9	710'2	1,134'6	1,251'9	1,182'8	1,313'1	1,074'7	854'4	1,830'1	724'7	661'9	802'1
IV.—DEATH RATE OF THE YEAR—												
Cholera . . . . .	...	...	...	1'18	1'26	0'35	...	...	...	...	...	...
Small-pox . . . . .	...	...	...	...	0'09	0'12	0'18	0'34	...	0'44	...	...
Enteric Group of Fevers . . .	...	...	...	0'59	0'63	0'24	0'37	0'22	0'88	...	...	1'2
Malaria . . . . .	...	...	...	0'20	1'35	1'42	0'55	0'11	7'01	...	0'22	0'4
Pyrexia of uncertain origin . .	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke . . . . .	...	...	...	3'14	2'24	1'06	0'92	0'90	1'75	...	0'11	0'4
Circulatory Diseases . . . . .	...	...	0'63	0'20	0'54	0'35	0'18	0'22	0'88	...	0'11	1'1
Pulmonary Tuberculosis . . .	...	...	0'63	...	0'09	...	...	0'11	...	...	0'33	0'4
Lobar Pneumonia . . . . .	...	...	...	0'30	0'90	0'71	0'55	0'34	0'88	0'44	0'45	0'4
Other Respiratory Diseases . .	...	...	...	0'39	0'63	1'42	0'18	0'34	...	...	...	0'4
Dysentery	0'97	...	...	0'30	0'09	...	...	0'11	...	...	0'33	...
Diarrhœa . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess . . . . .	...	...	1'90	...	0'27	...	0'37	...	...	...	0'33	1'2
ALL CAUSES	1'95	5'68	5'08	8'83	10'33	8'74	5'33	4'38	15'78	5'33	3'45	8'8

EUROPEAN TROOPS, 1921.

TABLE III.

RATIOS of STATIONS, GROUPS, and COMMANDS.

	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.													
		Influenza.	Cholera.	Small-pox.	Enteric-Group fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Pulmonary Tuber- culosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scabies.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Sore.	Gonorrhoea.
ONS RS.	103	...	...	...	...	38'8	...	...	...	...	9'7	...	...	29'1	9'7	9'7	...	9'7	...	77'7	359'2	17'28	58'3	...	19'4
	925	1'1	...	...	...	31'4	...	...	2'2	4'3	5'4	...	...	15'1	11'9	8'6	...	5'4	5'4	224'9	756'8		59'5	77'8	87'6
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1'08	...	...	...	...	...	2'16		...	...	...
COAST	1,028	1'0	...	...	...	32'1	...	...	1'9	3'9	5'8	...	...	16'8	11'7	8'8	...	5'8	4'9	210'1	716'9	44'20	59'3	70'1	80'7
	...	...	...	...	...	...	...	...	...	...	...	...	...	0'07	...	...	...	...	...	...	1'95		...	...	...

in	176	5'7	...	...	...	62'5	...	...	...	...	...	...	...	28'4	...	...	...	...	...	278'4	710'2	48'58	96'6	79'5	102'3
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5'68		...	...	...

LAND.	176	5'7	...	...	...	62'5	...	...	...	...	...	...	...	28'4	...	...	...	...	...	278'4	710'2	48'58	96'6	79'5	102'3
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5'68		...	...	...

William, and hal.	973	...	...	...	...	188'1	...	...	1'0	...	12'3	2'1	14'4	46'2	14'4	14'4	1'0	14	2'1	181'9	1,212'7	61'72	23'6	44'2	114'1
	...	...	...	...	...	...	...	...	...	...	1'03	1'03	...	...	...	...	3'08	...	...	...	8'22		...	...	...
	178	325'8	22'5	78'7	44'9	5'6	...	5'6	314'6	1,623'6		108'31	73'0	56'2	185'4
e	424	...	...	...	...	82'5	...	...	...	...	9'4	...	2'4	16'5	35'4	2'4	2'4	2'4	...	240'6	750'0	103'87	44'8	70'8	125'0

SSA.	1,575	...	...	...	...	175'2	...	...	0'6	...	10'2	1'3	9'5	35'6	27'3	14'6	1'9	3'2	1'9	212'7	1,134'6	78'33	34'9	52'7	125'1
	...	...	...	...	...	...	...	...	...	...	0'63	0'63	...	...	...	...	1'90	...	...	...	5'08		...	...	...

and	654	...	...	...	3'1	172'8	...	...	4'6	19'0	12'2	...	4'6	81'0	1'5	159'0	...	...	...	71'9	1,987'8	38'82	21'4	18'3	32'1
	...	...	...	3'06	...	...	...	...	...	1'53	...	...	3'06	...	1'53	...	...	...	...	...	12'23		...	...	...
	137	7'3	109'5	102'2	131'4	51'1	51'1	21'9	...	7'3	...	116'8	1,146'0		47'59	36'5	21'9	58'4
.	987	76'0	...	...	1'0	566'4	...	...	...	48'6	5'1	1'0	1'0	7'1	20'3	12'2	...	6'1	...	169'2	1,217'8	63'46	29'4	39'5	100'3
	...	...	...	...	...	...	...	...	...	3'04	1'01	...	...	...	...	...	...	...	...	...	7'09		...	...	...
	675	8'9	1'5	...	11'9	271'1	134'8	1'5	1'5	14'4	1'5	20'7	13'3	29'6	...	8'9	5'9	37'0	1,026'7		41'84	17'8	7'4
.	1,951	1'5	0'5	...	0'5	264'5	234'2	0'5	2'0	46'6	7'2	1'0	1'0	19'0	20'0	23'1	0'5	2'6	3'1	68'7	1,090'7	47'17	14'4	15'4	39'0
	...	6'51	...	...	...	...	...	...	...	3'08	...	...	...	...	0'51	...	...	...	...	...	6'15		...	...	...
	682	7'3	10'3	...	4'4	46'4	145'2	...	2'9	22'0	19'1	35'2	4'4	19'1	...	2'9	4'4	82'1	1,300'6		43'28	11'7	32'3	38'1
.	12	...	7'33	...	1'47	1'47	...	...	...	7'33	...	...	...	2'93	...	...	...	...	...	...	23'46	...	...	...	...
	
	...	...	...	...	...	166'7	...	...	...	...	...	...	...	...	...	...	...	...	...	333'3	1,250'0	27'50	...	83'3	25'0'0
IC ND	5,098	17'5	1'8	...	3'1	336'8	129'7	0'4	2'0	36'9	3'0	0'6	1'2	27'9	15'5	38'6	0'2	3'9	2'5	88'1	1,251'9	47'99	18'8	22'0	47'3
	...	...	1'18	...	0'59	0'20	...	...	...	3'14	0'20	...	0'39	0'39	0'39	...	...	...	...	...	8'83		...	...	...

EUROPEAN TROOPS, 1921.

TABLE III—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.													
		Influenza.	Cholera.	Small-pox.	Enteric-Group of Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Pulmonary Tuber- culosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scabies.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.		
A																									
Bareilly . . .	700	...	2'9	...	4'3	550'0	31'4	...	4'3	82'9	17'1	...	...	27'1	5'7	51'4	...	7'1	8'6	78'6	1,304'3	52'80	14'3	24'0
		...	1'43	...	1'43	4'29	1'43	11'43				...
Rurki . . .	363	...	...	...	5'5	347'1	60'6	...	2'8	46'8	11'0	...	...	19'3	2'8	57'9	...	5'5	...	101'9	1,060'6	41'54	33'1	16'0
		2'75	5'51				...
Dehra Dun . . .	79	...	...	...	...	202'5	63'3	12'7	...	...	12'7	...	...	38'0	...	12'7	...	12'7	..	139'2	860'8	36'46	12'7	50'0
		12'66				...
Meerut . . .	1,899	1'1	3'2	...	3'7	238'5	10'5	...	1'6	11'1	9'0	1'6	9'0	19'0	6'8	42'7	0'5	46'3	1'6	106'9	1,032'6	50'82	13'7	9'0	
		...	2'11	...	0'53	1'58	1'05	...	0'53	0'53	0'53	9'48				...
Delhi . . .	1,137	...	1'8	1'8	3'5	523'9	87'1	...	9'7	22'0	8'8	0'9	8'8	42'2	0'9	25'5	...	5'3	1'8	112'6	1,183'8	42'42	12'3	27'0	
		...	0'88	...	1'76	3'52	0'88	0'88	0'88	0'88	0'88	13'19				...
Ambala . . .	540	...	...	...	1'9	213'0	137'0	...	...	85'2	5'6	...	9'3	14'8	18'5	14'8	...	...	3'7	98'1	1,094'4	81'67	14'8	22'0
		3'70	1'85	...	3'70	16'67				...
B																									
Jullundur . . .	345	...	...	...	1'8	86'2	47'7	...	1'8	77'1	3'7	...	11'0	11'0	7'3	11'0	1'8	...	...	75'2	585'3	25'54	11'0	22'0
		7'34	1'83	1'83	11'01				...
Ferozepore . . .	806	...	...	1'2	5'0	187'2	141'4	...	1'2	140'2	6'2	2'5	5'0	19'9	26'1	14'9	...	3'7	...	156'3	1,058'3	50'82	24'8	29'0
		1'24	1'24	1'24	1'24	6'20				...
Amritsar . . .	218	...	...	...	4'6	302'8	18'3	...	4'6	151'4	13'8	...	4'6	18'3	4'6	13'8	...	4'6	9'2	169'7	1,032'1	46'01	45'9	22'0
		4'59	4'59				...
Lahore Cantonment and Fort.	877	...	6'8	...	2'3	714'9	410'5	...	1'1	96'9	17'1	4'6	11'4	43'3	9'1	61'6	...	3'4	12'5	19'95	2,124'8	86'25	10'3	54'0	
		...	5'70	2'28	5'70	2'28	2'28	18'24				...
Sialkot . . .	1,259	12'7	...	...	11'1	307'4	267'7	...	1'6	27'8	12'7	4'0	8'7	45'3	7'1	20'7	3'2	4'0	...	103'3	1,204'1	49'23	20'7	15'0
		2'38	0'79	0'79	0'79	7'94				...
Jhelum . . .	7	...	...	...	...	142'9	285'7	...	...	...	...	...	...	...	...	...	...	...	...	...	571'4	7'14	...	...
	
Rawalpindi . . .	2,507	16'4	1'6	1'2	9'6	589'9	126'4	0'8	6'0	4'4	10'0	1'2	4'4	12'4	11'6	13'2	0'8	1'2	10'8	102'9	1,167'5	59'91	22'7	9'0	
		...	1'20	0'40	0'80	2'39	1'20	0'40	...	0'80	0'40				9'17
Campbellpore . . .	197	5'1	...	...	10'2	157'4	375'6	...	...	...	...	5'1	...	25'4	10'2	25'4	...	25'4	10'2	15'2	1,030'5	30'15	...	...
		5'08	5'08				...
Attock . . .	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					
GROUP VI.— UPPER-SUB HIMALAYA.		11,138	5'4	1'8	0'5	5'8	403'2	132'5	0'3	3'5	43'6	10'1	1'7	6'7	25'0	9'2	28'3	0'7	11'0	4'9	112'9	1,182'8	54'09	17'9	19'0
			...	1'26	0'09	0'63	1'35	...	...	...	2'24	0'54	0'09	0'90	0'63	0'09	...	0'27	...	...	10'33	...	...	...

IONS, ND UPS	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic fever.	Heat-stroke.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scabies.	Veneral Diseases.	All causes.	Constantly sick.	Syphilis.	Soft Sore.	Gonorrhoea.
A	707	...	...	1'4	...	224'9 1'41	59'4	...	4'2	8'5 1'41	2'8	...	...	22'6	4'2	14'1	...	7'1	2'8	29'7	649'2 2'83	22'81	5'1	8'5	15'6
	1,111	...	...	...	1'8	499'5 3'60	288'9	...	0'9	55'8 1'80	9'0	...	5'4	18'0	5'4	11'7	...	1'8	...	54'0	1,236'7 5'40	42'84	8'1	9'0	37'0
	1,478	10.1	...	2'0 0'68	4'1 0'68	513'5	275'4	2'0	...	...	8'8	1'4	...	33'8 3'38	14'2	13'3	0'7	1'4	2'0	60'2	1,168'5 9'47	43'73	16'9	6'1	37'2
otal	834	1'2	...	...	4'8	386'1	404'1	1'2	7'2	1'2 1'20	10'8	...	4'8	34'8	28'8	21'6	...	1'2	1'2	40'8	1,188'2 2'40	43'30	9'6	1'2	30'0
id	27	...	...	...	...	1,370'4	222'2	...	...	...	...	...	37'0	...	37'0	111'1	...	...	...	74'1	2,148'1	34'44	...	37'0	37'0
	59	...	...	...	...	355'9	203'4	...	...	16'9	16'9	16'9	...	16'9	16'9	33'9	...	16'9	...	33'9	1,000'0 16'95	4'92	...	...	33'9
ar	338	...	...	...	3'0	547'3	56'2	...	3'0	17'8	38'5	...	11'8	20'7	5'9	79'9	3'	8'9	20'7	59'2	1,485'2	43'11	8'9	14'8	5'5
	14	...	...	...	...	3,428'6	71'4	71'4	...	142'9	...	...	...	...	...	142'9	...	0	...	171'4	5,000'0	55'00	...	71'4	...
	351	48'4	...	...	...	1,054'1 2'85	216'5	...	...	...	25'6	...	5'7 2'35	42'7	2'8	45'6	...	2'8	5'7	116'8	2,088'3 11'40	78'03	8'5	22'8	85'5
ed Khel	2	...	...	...	...	...	...	...	...	...	...	...	...	...	500'0	...	...	...	...	...	1,000'0	5'00	...	...	...
hel	3	...	...	...	...	1,333'3	...	...	...	...	...	...	...	...	333'3	...	...	...	...	...	1,666'7	13'33	...	...	...
	31	...	...	...	...	935'5	129'0	...	...	...	...	...	...	32'3	32'3	32'3	...	...	...	32'3	1,580'6	39'03	...	...	32'3
	18	...	...	...	...	888'9	27	...	...	...	...	...	...	...	...	...	...	...	...	...	1,666'7	25'56	...	...	...
	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	84	...	...	...	11'9	1,131'0 11'90	428'6	...	...	23'8 11'90	23'8	...	11'9	23'8	23'8	11'9	...	23'8	...	59'5	2,273'8 35'71	71'19	23'8	...	35'7
n and ndus.	90	66'7	...	...	11'1	611'1	188'9	...	22'2	11'1	11'1	...	...	33'3	...	44'4	...	...	...	77'8	1,411'1	42'33	...	...	77'8
	661	...	1'5 1'15	...	9'1	919'8 1'51	12'1	...	...	...	12'1	...	4'5 1'51	12'1 3'03	12'1	39'3	1'5	...	1'5	10'6	1,325'3 16'64	1'69	1'5	1'5	7'6
aghza	42	...	...	...	...	1,071'4	...	...	...	...	...	...	...	71'4 23'81	...	47'6	...	...	...	23'8	1,428'6 23'31	12'14	...	...	23'8
ha	76	26'3	...	...	...	2,000'0	78'9	...	...	...	...	...	...	78'9	...	92'1	...	...	...	...	2,671'1 13'16	50'66	...	...	...
	19	...	52'6 52'63	...	...	1,789'5	263'2	...	...	...	...	...	...	105'3	...	105'3	...	...	...	...	2,894'7 52'63	68'42	...	...	...
	36	...	27'8 27'78	...	27'8	2,888'9	472'2	...	...	...	27'8	...	...	27'8 27'78	...	83'3	...	...	...	111'1	4,104'4 83'33	111'11	55'6	...	55'6
	39	...	...	...	...	1,359'0	51'3	...	...	...	51'3	...	...	25'6	25'6	76'9	...	...	...	51'3	1,923'1	9'49	25'6	...	25'6
	65	...	...	...	...	800'0 30'77	276'9	...	15'4	61'5 15'38	15'4	...	15'4	15'4	30'8	30'8	...	...	...	15'4	1,892'3 92'31	197'85	15'4	...	...
	59	...	...	...	16'9	1,169'5	203'4	...	...	33'9	16'9	...	...	33'9 16'95	67'8	...	...	...	...	118'6	2,084'7 16'95	57'12	...	...	118'6
ail Khan	159	...	...	...	12'6	641'5	465'4	...	...	6'29	12'6 6'29	18'9	6'3	12'6	56'6	37'7	...	6'3	12'6	88'1	1,823'9 25'16	75'03	37'7	12'6	37'7
han	9	...	...	...	...	444'4	111'1	...	...	111'1	...	...	...	...	...	...	...	...	...	111'1	1,111'1	10'00	...	...	111'1
	641	...	...	4'7 1'56	4'7	210'6	304'2	...	3'1	68'6 3'12	14'0	1'6	7'8	20'3 3'12	12'5	25'0	...	3'1	3'1	87'4	1,213'7 9'36	45'32	25'4	17'2	45'2
C ad	502	57'8	...	2'0	8'0	581'7	...	6'0	4'0	...	2'0	...	8'0	25'9	...	8'0	...	2'0	10'0	169'3	1,149'4	62'53	...	12'0	115'5
	1,007	13'9	...	...	...	539'21 1'99	33'1	...	7'0	6'0	37'7 1'99	...	8'9 2'98	31'8	6'0	55'6	1'0	1'0	11'9	150	1,406'2 7'94	61'56	17'9	26'8	106'3
VII.— FRON- INDUS EY, AND RAJ- NA.	8,464	9'9	0'4	0'9	3'8	572'8	207'3	0'9	3'0	16'3	14'5	0'8	4'8	26'9	12'1	29'7	0'5	2'6	4'4	72'5	1,313'1	48'23	14'2	10'4	48'0
		...	0'35	0'12	0'24	1'42	...	...	...	1'06	0'35	...	0'71	1'42	...	...	...	...	...	...	8'74				

EUROPEAN TROOPS, 1921.

TABLE III—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.												
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scabies.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Sore.
A Decsa . . .	35	...	...	...	28'6	342'9	114'3	...	...	...	28'6	...	...	...	...	85'7	...	...	...	57'1	771'4	17'14	...	28'
B Neemuch . . .	375	...	...	...	2'7	408'0	13'3	...	2'7	...	5'3	...	...	13'3	13'3	10'7	...	...	...	18'7	877'3	32'88	5'3	5'
Nasirabad . . .	705	...	...	...	5'7	458'2	8'5	2'8	1'4	1'4	1'4	...	4'3	21'3	8'5	29'8	...	1'4	2'8	58'2	985'8	46'33	17'0	19'
Muttra . . .	463	...	...	2'2	4'3	274'3	151'2	...	4'3	2'2	2'6	2'2	4'3	21'6	10'8	25'9	...	4'3	...	69'1	818'6	38'70	4'3	21'4
Agra . . .	811	...	...	...	1'2	754'6	173'9	...	2'5	66'6	4'9	1'2	6'2	23'4	4'9	18'5	...	19'7	2'5	111'0	1,533'9	59'31	16'0	23'7
Jhansi . . .	904	...	...	...	...	500'0	2'2	...	...	79'6	13'3	...	2'2	36'5	10'0	32'1	2'2	1'1	...	126'1	1,513'3	72'13	15'5	13'9
Nowgong . . .	230	...	...	...	...	626'1	65'2	...	...	21'7	26'1	...	8'7	13'0	8'7	4'3	4'3	17'4	...	117'4	1,352'2	58'35	21'7	13'8
Mhow and Indore	1,773	...	...	1'7	5'6	118'4	3'4	0'6	1'1	4'5	23'1	1'1	3'9	19'7	1'7	36'7	...	0'6	9'6	31'6	724'2	34'06	6'8	6'8
Ahmedabad . . .	149	...	...	...	...	704'7	...	...	6'7	...	20'1	...	6'7	6'7	...	47'0	6'7	...	...	53'7	1,443'0	38'19	13'4	...
GROUP VIII.— SOUTH-EAST RAJPUTANA, CENTRAL INDIA AND GUJARAT.	5,445	...	...	0'7	3'5	392'7	45'7	0'6	1'7	25'9	14'7	0'7	4'0	22'2	6'2	28'8	0'7	4'6	3'9	69'2	1,074'7	47'27	11'4	13'4
A Saugor . . .	41	...	...	...	...	390'2	73'2	...	...	...	...	...	24'4	...	...	24'4	...	24'4	...	48'8	731'7	11'71	24'4	24'4
Jubbulpore . . .	1,462	...	...	4'8	4'1	335'8	21'2	...	...	24'6	8'2	3'4	...	23'3	8'2	19'2	1'4	2'1	1'4	91'0	1,032'8	59'64	19'8	17'1
Kamptee and Sitabaldi . . .	774	...	...	3'9	3'9	257'1	45'2	...	1'3	46'5	22'0	1'3	...	46'5	2'6	62'0	...	1'3	9'0	135'7	1,227'4	48'91	33'6	15'5
B Secunderabad . . .	2,649	3'0	...	...	3'4	33'2	...	1'1	4'5	15'9	16'2	...	1'1	11'7	24'2	7'6	0'4	2'6	7'9	134'4	738'0	44'96	18'5	22'3
Belgaum . . .	151	...	...	...	...	92'7	...	...	...	6'6	13'2	...	...	66'2	...	19'9	...	...	...	99'3	867'5	30'13	13'2	6'6
Satara . . .	36	...	...	...	...	27'8	...	...	...	...	...	...	...	...	...	...	...	...	...	55'6	138'9	6'67	...	5'
Poona . . .	2,138	5'6	...	...	4'2	206'3	1'4	...	1'4	...	7'0	0'5	0'9	26'6	25'7	38'8	0'5	...	1'9	134'7	772'7	71'88	24'3	29'0
Kirkee . . .	877	2'3	...	...	...	273'7	...	...	...	...	4'6	1'1	...	36'5	10'3	33'1	...	...	2'3	160'8	1,062'7	28'24	25'1	31'9
Ahmednagar . . .	785	11'5	...	...	1'3	93'0	6'4	...	10'2	...	7'6	...	2'5	12'7	1'3	6'4	...	...	6'4	81'5	573'2	28'70	7'6	12'7
GROUP IX.— DECCAN.	8,913	3'5	...	1'1	3'1	175'4	8'6	0'3	2'7	12'9	11'1	0'9	0'9	23'6	16'0	24'3	0'4	1'3	4'6	124'1	854'4	50'54	21'0	22'2

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE.														
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scabies.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Sore.	Gonorrhoea.	
labia .	1,132	0'9	...	...	2'7	972'6	1'8	...	0'9	5'3	24'7	...	8'8	25'6	4'4	42'4	0'9	2'7	13'3	221'7	1,861'3	89'82	28'3	57'4	136'0
nnanore .	9	...	...	...	0'88	7'07	...	...	...	1'77	0'88	...	0'88	...	...	...	...	...	...	111'1	444'4	3'33	111'1	...	...
		
GROUP X.— WESTERN COAST.	1,141	0'9	...	...	2'6	964'9	1'8	...	0'9	5'3	24'5	...	8'8	25'4	4'4	42'1	0'9	2'6	13'1	220'9	1,850'1	89'14	28'9	57'0	135'0
		...	...	...	0'88	7'01	...	...	...	1'75	0'88	...	0'88	...	...	...	...	...	...	...	15'78	...	...	...	...
A Mangalore .	1,879	...	...	1'1	2'1	54'3	...	...	...	...	2'1	...	2'1	10'1	6'9	12'2	...	0'5	9'0	188'4	624'3	52'03	48'4	26'6	113'4
		...	...	0'53	...	...	...	...	...	...	...	...	0'53	...	...	...	...	...	...	...	0'53	3'73	...	...	0'53
B Madras and St. Thomas' Mount.	373	2'7	...	...	...	136'7	50'9	...	...	2'7	2'7	5'4	...	48'3	13'4	10'7	2'7	5'4	5'4	316'4	1,230'6	81'47	56'3	67'0	193'0
		2'68	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13'40	...	...	...	...
GROUP XI.— SOUTHERN INDIA.	2,252	0'4	...	0'9	1'8	67'9	8'4	...	...	0'4	2'2	0'9	1'8	16'4	8'0	12'0	0'4	1'3	8'4	209'6	724'7	56'91	49'7	33'3	126'6
		0'44	...	0'44	...	...	...	...	...	...	...	...	0'44	...	...	...	...	...	...	...	0'44	5'33	...	...	0'44
Chikhet and Chaubuttia.	1,088	...	...	0'9	7'4	324'4	4'6	...	5'5	...	2'8	...	0'9	11'0	35'8	50'6	3'7	5'5	9'2	59'7	803'3	40'51	11'0	11'0	37'7
		...	...	...	...	...	...	...	...	...	...	...	...	...	2'76	...	0'92	...	...	...	5'51	...	...	...	...
Chakrata .	1,091	...	...	...	1'8	330'9	10'1	...	5'5	0'9	2'7	0'9	2'7	32'1	2'7	33'0	...	6'4	0'9	93'5	866'2	48'51	7'3	19'2	66'9
		...	...	...	...	...	...	...	...	...	...	1'83	...	...	...	...	...	...	...	...	3'67	...	...	...	...
Chong .	507	...	...	...	...	167'7	...	...	...	...	5'9	2'0	5'9	53'3	3'9	37'5	...	11'8	23'7	92'7	893'5	40'32	19'7	33'5	39'4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1'97	...	...	...	...
Cholon .	124	...	...	...	...	48'4	24'2	...	...	...	8'1	...	...	56'5	16'1	16'1	16'1	8'1	...	56'5	604'8	29'44	32'3	...	24'2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8'06	...	...	...	8'06	...	...	...	...
Chagshai .	214	4'7	...	...	4'7	154'2	...	...	9'3	...	...	...	4'7	23'4	4'7	28'0	...	...	4'7	32'7	677'6	72'99	...	14'0	18'7
		
Chubathu .	100	...	...	...	...	310'0	...	...	...	30'0	...	...	10'0	30'0	40'0	30'0	...	...	10'0	50'0	880'0	49'10	10'0	10'0	30'0
		
Chutogh .	292	...	...	...	...	78'8	...	...	...	...	...	...	3'4	17'1	10'3	71'9	...	3'4	...	61'6	404'1	14'62	34'2	3'4	24'0
		...	...	...	...	...	...	...	...	...	...	...	3'42	...	...	...	...	...	...	...	3'42	...	...	...	...
Kalabagh and Baragali.	88	56'8	...	...	...	79'5	11'4	...	...	...	22'7	...	...	...	...	...	...	...	...	56'8	488'6	21'36	22'7	22'7	11'4
		
Kuldana .	455	41'8	...	...	2'2	136'3	...	...	8'8	...	13'2	...	...	17'6	...	8'8	4'4	...	4'4	70'3	527'5	20'29	33'0	8'8	28'6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2'20	...	...	...	...
Camp Gharial.	412	7'3	29'1	2'4	...	19'4	2'4	7'3	2'4	7'3	24'3	2'4	34'0	313'1	27'65	4'9	7'3	21'8
		
Camp Barian and Khairagali.	196	...	...	...	10'2	178'6	10'2	...	10'2	...	...	...	...	25'5	15'3	15'3	...	...	...	51'0	612'2	20'80	45'9	...	5'1
		
Khan Spur and Ghora Dhaka.	214	4'7	...	...	...	74'8	4'7	...	...	...	14'0	...	...	9'3	...	9'3	...	...	...	18'7	373'8	8'93	9'3	...	9'3
		

EUROPEAN TROOPS, 1921.

TABLE III—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.										
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scabies.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Sore.		
Cherat . . .	294	...	...	...	10'2	275'5	61'2	3'4	...	17'0	...	...	...	6'8	23'8	30'6	...	3'4	...	34'0	799'3	94'69	20'4	3'1	
Quetta . . .	3,128	15'0	...	0'3	2'9	154'1	9'3	1'3	6'4	3'40	1'9	9'9	3'2	4'2	18'5	17'9	8'6	1'6	2'6	2'0	92'1	582'5	31'27	24'0	12'5	
Maymyo . . .	681	0'32	...	...	...	0'64	...	...	...	...	0'32	0'32	0'96	...	...	...	0'32	...	4'4	180'6	4'80	719'5	66'67	26'4	27'3
Abbottabad . . .	63	...	...	...	...	110'1	...	...	11'7	...	2'9	1'5	1'5	25'0	1'5	2'9	...	4'4	4'4	...	79'4	793'7	15'56	...	15'6
Shillong . . .	22	...	...	...	...	507'9	...	...	...	...	...	...	...	...	...	15'9	...	31'7	...	79'4	793'7	15'56	...	15'6	
Loralai . . .	16	...	...	...	...	45'5	...	...	...	...	...	...	...	...	...	45'5	45'5	...	...	...	272'7	636'4	21'82	...	45'27
		...	...	...	...	937'5	25'0	...	...	...	...	...	...	...	...	...	...	...	...	...	1,625'0	60'00	...	...	...
		
GROUP XII-a. HILL STATIONS.	8,935	8'1	...	0'2	3'2	190'3	8'3	0'6	6'2	1'8	6'3	1'6	3'0	21'8	13'6	21'3	1'4	4'0	4'3	83'2	661'9	42'73	19'4	14'49		
		0'11	...	...	...	0'22	...	...	...	0'11	0'11	0'33	0'45	...	0'33	...	0'33	...	...	...	3'45	...	...	...	...
Naini Tal . . .	122	32'8	...	...	...	147'5	...	8'2	8'2	24'6	82'0	8'2	8'2	65'6	...	...	...	32'8	...	131'1	852'5	71'89	24'6	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8'20	...	...	...	...
Landour . . .	163	...	...	...	...	184'5	...	6'0	6'0	...	83'3	...	11'9	47'6	11'9	29'8	...	...	...	166'7	869'0	73'15	...	29'30	...
		
Kasauli . . .	222	...	...	...	...	135'1	...	...	...	9'0	9'0	...	18'0	22'5	4'5	13'5	...	...	4'5	58'6	747'7	83'96	27'0	9'022	...
		...	...	...	...	4'50	...	...	...	...	...	...	4'50	...	...	...	...	...	...	...	13'51	...	...	...	...
Dalhousie . . .	361	...	...	...	5'5	301'9	72'0	...	...	...	16'6	...	2'8	49'9	5'5	19'4	...	2'8	...	97'0	936'3	35'51	33'2	24'9'8	...
		...	...	...	...	...	...	...	...	...	2'77	...	...	...	...	...	...	...	...	...	5'54	...	...	...	...
Murree . . .	176	...	34'1	...	22'7	318'2	22'7	...	5'7	39'8	11'4	...	5'7	56'8	11'4	11'4	5'7	5'7	...	68'2	1,142'0	157'44	17'0	5'7'5	...	
		...	...	...	17'05	...	...	...	...	5'68	5'68	5'68	...	11'36	...	...	17'05	...	...	...	73'86	...	...	...	...
Upper Topa . . .	370	91'9	...	...	...	24'3	51'4	...	8'1	...	2'7	...	21'6	8'1	13'5	...	5'4	...	...	59'5	413'5	11'73	5'4	8'1'5	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2'70	...	...	...	...
Mount Abu . . .	79	25'3	...	...	...	392'4	...	...	...	...	12'7	...	...	12'7	25'3	88'6	...	...	12'7	12'7	962'0	46'20	12'7	...	...
		
Pachmarhi . . .	54	...	...	...	...	240'7	...	...	...	...	...	...	...	...	...	...	...	...	...	55'6	333'3	37'41	18'5	18'5'5	...
		
Purandhur . . .	35	...	...	...	...	657'1	...	...	...	85'7	...	...	28'6	28'6	28'6	28'6	...	...	...	28'6	1,314'3	174'86	28'6	...	...
		...	...	...	...	...	...	...	...	...	28'57	...	...	...	...	...	...	...	...	...	28'57	...	...	...	...
Wellington . . .	792	1'3	...	...	...	212'1	...	...	5'1	...	11'4	1'3	...	55'6	35'4	11'4	...	1'3	3'8	165'4	1,104'8	86'99	25'3	31'6'0	...
		
GROUP XII-b.—Hill Convalescent Depôts and Sanatoria.	2,379	17'2	2'5	...	2'5	205'1	20'6	0'8	4'2	6'3	18'9	0'8	7'6	41'2	18'1	14'3	1'3	2'9	2'1	110'4	892'4	69'47	20'6	19'3	...	
		...	...	...	1'26	6'42	...	...	...	0'42	1'26	0'42	0'42	0'84	...	...	1'26	...	...	...	8'83	...	...	...	...

STATIONS, BOUNDS AND COMMANDS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Gonorrhoea.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Sore.	Gonorrhoea.
Marching	259	11'6	...	...	...	200'8	92'7	42'3	...	23'2	19'3	...	...	19'3	7'7	42'5	...	...	...	34'7	895'8	2'66	...	3'8	30'6
Depôt	1,828	32'3	...	...	...	162'5	...	...	2'7	0'5	11'5	0'5	5'5	15'9	1'6	30'1	1'6	3'3	16'4	182'2	921'2	82'53	37'7	58'5	85'9
		...	...	...	...	0'55	...	...	1'09	...	1'09	0'55	...	...	0'55	...	0'55	...	...	...	7'11	...	...	...	...
HERN COM-D.	16,241	9'3	1'0	0'7	5'0	380'6	175'1	0'5	3'3	31'2	10'0	1'2	5'6	24'8	11'5	21'3	1'0	2'9	4'1	83'4	1,090'5	51'31	17'2	14'0	52'2
		...	0'49	0'12	0'49	0'99	...	...	...	1'72	0'31	0'06	0'68	0'86	0'06	...	0'37	...	...	...	8'19	...	...	...	...
HERN COM-D.	5,621	16'4	...	0'4	3'2	320'8	31'5	1'6	5'5	2'3	13'5	1'8	5'3	21'3	12'5	22'2	1'2	2'0	5'2	102'7	863'5	41'76	22'9	15'8	64'0
		0'18	...	...	0'18	0'89	...	...	...	...	0'71	0'18	1'07	0'18	...	...	0'18	...	...	...	4'98	...	...	...	...
ERN COM-D.	15,123	3'4	1'3	0'3	3'0	341'7	69'8	0'3	3'1	24'3	9'8	0'9	4'3	28'4	13'0	35'1	0'6	11'1	3'4	106'1	1,124'1	51'09	17'3	23'1	65'7
		...	0'79	0'07	0'53	0'66	...	...	...	1'65	0'33	0'26	0'33	0'26	0'33	...	0'33	...	...	...	7'74	...	...	...	...
HERN COM-D.	18,297	5'1	...	0'8	2'5	233'8	6'9	0'2	2'0	11'5	12'2	0'8	2'4	23'3	11'9	2'5	0'7	1'7	6'8	136'7	944'0	57'91	24'9	27'3	84'5
		0'05	...	0'22	0'16	0'55	...	...	0'11	0'66	0'33	0'11	0'38	0'16	0'11	...	0'16	...	...	0'05	5'41	...	...	...	0'05
ISTAN CE.	1,255	6'4	2'4	...	8'8	1,018'3	127'5	...	2'4	6'4	12'7	2'4	4'0	23'1	19'1	43'8	0'8	0'8	2'4	35'1	1,667'7	55'50	8'8	2'4	23'9
		...	2'39	...	...	2'39	...	...	...	1'59	0'80	...	1'59	3'98	...	...	...	...	...	...	22'31	...	...	...	...
Indepen-District.	1,885	1'1	...	...	...	63'1	...	...	5'3	2'1	4'2	0'5	0'5	20'7	6'9	5'8	...	4'8	4'2	205'8	717'2	52'73	56'9	55'7	99'2
		...	...	...	...	...	...	...	...	...	...	...	...	0'53	...	...	...	...	...	...	1'59	...	...	...	...
IA	58,681	7'6	0'6	0'5	3'4	321'7	74'8	0'6	3'1	19'0	10'9	1'1	4'0	24'7	12'1	26'2	0'8	4'6	4'8	110'4	1,031'3	52'32	21'0	21'7	67'7
		0'03	0'39	0'12	0'34	0'75	...	...	0'03	1'14	0'36	0'14	0'53	0'46	0'15	...	0'26	...	...	0'02	6'95	...	...	...	0'09
ipindi*	2,507	0'20	0'02	0'44	1'83	26'62	4'85	0'41	0'83	0'14	0'93	0'63	0'44	1'32	3'32	0'43	0'21	0'04	...	6'25	59'91	59'91	1'38	1'21	3'66
	1,899	0'03	0'10	...	0'46	8'00	0'18	...	0'29	0'47	0'56	0'16	0'83	0'84	0'61	0'80	0'02	0'82	...	15'37	50'82	50'82	1'58	0'37	13'41
ow*	1,951	0'08	0'01	...	0'36	6'29	3'64	0'05	0'12	1'55	0'58	0'22	0'06	0'92	1'57	0'71	0'15	0'16	...	12'60	47'17	47'17	2'73	1'41	8'46
	2,138	0'27	...	...	0'90	13'26	0'05	...	0'12	...	0'45	0'02	0'13	1'39	1'88	1'27	0'00	0'00	...	35'75	71'88	71'88	8'04	4'35	23'37
	1,828	1'13	0'04	...	0'01	5'37	...	...	0'15	0'05	1'75	0'56	0'57	1'95	0'21	0'74	0'25	0'32	...	41'42	82'53	82'53	7'25	9'50	24'67
deratad*	2,649	0'08	...	...	0'56	1'22	...	0'20	0'29	0'51	1'00	...	0'10	0'32	1'89	0'22	0'07	0'09	...	3'38	44'96	44'96	0'23	0'43	2'71
ore*	1,879	...	...	0'08	0'35	3'36	...	...	...	0'02	0'18	0'03	0'28	0'65	0'67	0'37	...	0'04	...	29'08	52'03	52'03	4'09	2'44	22'52

* Constantly sick rate per 1,000 by diseases at the largest stations.

EUROPEAN TROOPS, 1921.

TABLE IV.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, and SANITARY DEFECTS.

(The ratios of sickness and mortality will be found in Table III.)

Not available.

EUROPEAN TROOPS, 1921.

TABLE V.

ENTERIC GROUP OF FEVERS by months,
stations, groups, and commands.

TABLE VI.

*MALARIA by months, stations,
groups, and commands.*

TABLE VII.

*PYREXIA OF UNCERTAIN ORIGIN by
months, stations, groups, and commands.*

[illegible]

* Stations where neither Enteric Group of fevers nor Malaria nor Pyrexia of uncertain origin occurred are not shown in these tables. For the annual ratios see table III.

EUROPEAN TROOPS, 1921.

TABLE V—concluded. TABLE VI—concluded. TABLE VII—concluded.

ENTERIC GROUP OF FEVERS by months, stations, groups, and commands.

MALARIA by months, stations, groups, and commands.

PYREXIA OF UNCERTAIN ORIGIN by months, stations, groups, and commands.

STATIONS AND GROUPS.	ADMISSIONS FROM ENTERIC GROUP OF FEVERS IN EACH MONTH.												ADMISSIONS FROM MALARIA IN EACH MONTH.												ADMISSIONS FROM PYREXIA OF UNCER ORIGIN IN EACH MONTH.															
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		
A																																								
Decsa													1																											
B																																								
Neemuch													1	7																										
Nasirabad													4	4	2	10	7	14	18	12	36	95	72	38	15	323														
Muttra													2	1	1	5	16	10	10	8	18	22	26	9	1	127														
Agra													1	24	6	21	60	37	49	40	70	125	91	42	47	612														
Jhansi														10	12	11	15	11	18	21	76	145	88	26	18	452														
Nowgong														2	6	5	3	3	7	10	29	32	25	14	8	144														
Mhow and Indore													10	2	2	2	4	7	5	9	26	32	60	27	34	210														
Ahmedabad														7		3	4	4	9	2	12	15	24	15	10	105														
GROUP VIII.—SOUTH EAST RAJ-PUTANA, CENTRAL INDIA, AND GUJARAT	2		1	1		1	2	4	1		4	3	19	57	29	58	110	86	118	105	280	505	450	195	145	2,138														
A																																								
Saugor																																								
Jubbulpore													6	13	13	12	20	17	38	84	136	75	53	20	10	491														
Kamptee and Sitaldi													3		4	9	8	5	5	4	17	55	40	34	18	199														
B																																								
Secunderabad													9	2	2	6	5	5	1	8	3	7	22	16	11	88														
Belgaum																																								
Satara																																								
Poona													9	15	17	36	31	39	44	74	60	38	40	30	17	441														
Kirkee														11	12	9	24	20	28	36	40	15	29	8	8	240														
Ahmednagar													1	1	3	4	7	8	17	4	6	7	13	6	7	73														
GROUP IX.—DECCAN	2	2	3	2	4	1	3	3	3	2		3	28	43	52	77	97	97	135	214	267	203	192	115	71	1,563														
Colaba													3	46	37	45	48	79	63	112	161	183	151	118	58	1,101														
GROUP X.—WESTERN COAST	1												3	46	37	45	48	79	63	112	161	183	151	118	58	1,101														
A																																								
Bangalore													4	8	6	13	17	10	9	12	5	5	10	3	4	102														
B																																								
Madras and St. Thomas' Mount																																								
GROUP XI.—SOUTHERN INDIA													4	8	7	15	19	12	10	12	6	30	22	5	7	153														
Ranikhet and Chauttia													8																											
Chakrata													2																											
Lebong																																								
Solon																																								
Dagshai													1																											
Subathu																																								
Jutogh																																								
Kalabagh and Baragali																																								
Kuldana																																								

ATIONS, GROUPS AND COMMANDS.		ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM MALARIA IN EACH MONTH.												ADMISSIONS FROM PYREXIA OF UNCERTAIN ORIGIN IN EACH MONTH.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
		January. February. March. April. May. June. July. August. September. October. November. December. TOTAL.	January. February. March. April. May. June. July. August. September. October. November. December. TOTAL.	January. February. March. April. May. June. July. August. September. October. November. December. TOTAL.	January. February. March. April. May. June. July. August. September. October. November. December. TOTAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
ops, marching</

TABLE VIII.

*CHOLERA by months, stations, groups,
and commands.*

TABLE IX.

*DYSENTERY by months, stations, groups,
and commands.*

TABLE X.

DIARRHŒA by months, stations, grades, and commands.

STATIONS * AND GROUPS.	ADMISSIONS FROM CHOLERA IN EACH MONTH.													ADMISSIONS FROM DYSENTERY IN EACH MONTH.													ADMISSIONS FROM DIARRHŒA IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.		
Port Blair	Nil	1	1	1
Rangoon	Nil	1	..	1	2	2	2	..	3	11	1	1	..	1	..	1	2	..	2
GROUP I.—BURMA COAST AND BAY ISLANDS	Nil	2	..	1	2	2	2	..	3	12	1	1	..	1	1	1	2	..	2	
Forts William, Fulta and Chingrikhal	1	3	2	2	..	1	5	14	..	1	2	3	3	4	1	
Dum-Dum	4	5	4	1	..	14	1	1	3	2	
Barrackpore	1	3	2	3	3	1	2	15	..	1	
GROUP IV.—BENGAL AND ORISSA	Nil	1	..	1	10	9	9	4	2	7	43	2	1	3	1	3	2	3	3	4	1
B	
Dinapore	1	1	4	39	5	..	10	9	16	4	3	10	4	
Benares	3	..	1	..	3	7	1	1	1	
Allahabad and Fort	1	..	2	..	1	2	1	2	2	3	4	20	2	3	2	1	1	2	1	
Fyzabad	1	1	1	3	2	..	9	1	4	1	1	2	1	5	4	1	
Lucknow	3	4	3	2	1	3	6	5	5	4	39	1	..	3	1	7	6	10	8	1	..	4	4	..	..
Cawnpore	7	7	..	2	1	3	1	1	..	2	3	1	3	1	1	
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	2	..	..	7	..	..	..	9	..	4	7	7	4	4	3	7	11	9	7	8	8	79	3	4	45	10	14	18	25	30	7	11	21	10	..		
A	
Bareilly	2	..	..	..	2	..	..	..	..	2	..	..	..	..	..	1	1	4	..	..	3	..	2	1	5	9	3	5	5	3	..	..
Rurki	1	..	..	..	..	..	1	..	2	..	4	4	5	..	3	..	..	1	1	..	..
Dehra Dun		
Meerut	4	2	..	6	..	3	2	..	1	4	2	..	..	..	1	..	13	1	9	14	7	2	1	3	4	18	8	7	7	8	..		
Delhi	2	..	..	2	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	3	..	1	1	1	..	4	9	7	3	..	..
Ambala	3	6	1	..	10	..	..	..	..	6	..	..	..	..	..	..	..	..	..	..
B		
Jullundur	1	1	..	..	..	..	1	..	1	4	..	..	..	1	2	1	..	..	..	..	1	1	..	..
Ferozepore	1	1	1	..	..	1	7	6	3	..	21	..	2	6	1	..	..	..	3	..	..	..	..	..	..
Amritsar	1	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	1	1	..	..
Lahore Cantonment and Fort	4	2	..	6	..	..	..	1	..	..	..	..	..	..	1	4	2	8	..	..	7	13	7	3	3	5	5	5	2	4	..		
Sialkot	1	..	2	..	..	..	2	1	2	1	..	9	1	1	..	4	1	..	..	2	10	1	4	2	..			
Rawalpindi	3	1	..	4	..	2	3	2	6	2	..	1	3	3	4	2	1	29	..	..	7	15	4	1	..	2	2	..	..	2	..		
Campbellpore	1	..	1	2	..	1	1	1	..	..	2	..	..	..	..	..	..	..
GROUP VI.—UPPER SUB-HIMALAYA	9	9	2	..	20	..	6	6	7	11	6	2	4	15	15	14	9	7	103	5	16	42	52	20	10	14	29	47	28	24	22	3		
A		
Risalpur	3	..	..	..	..	..	..	..	3	..	..	..	1	2	2	1	..	..	..	3	..	..	..
Nowshera	2	..	..	..	2	..	1	1	6	..	2	2	..	2	3	..	1	..	2	..	1	..	..
Peshawar	1	..	1	3	8	3	1	2	1	1	21	2	2	..	5	2	..	1	4	6	5	2	..	..	
Landi Kotal	3	6	3	..	2	6	3	..	1	24	2	..	..	4	2	..	1	4	3	2	..	..	..
Ali Masjid	1	..	..	..	1	..	..	..	..	1	..	..	..	1	..	1	..	..	..
Fort Jamrud	1	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..
Parachinar	1	1	..	..	2	..	..	..	1	8	10	4	..	2	2	..	..	..
Thal	1	..	1	..	..	..	..	..	..	..
Kohat	1	..	..	..	..	..	5	3	1	..	..	2	2	1	1	..	..
Mohamed Khel	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Datta Khel	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dardoni	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bannu	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kalabag and Mari Indush	1	..	..	..	..	..
Ladha	5	1	2	..	..	8	..	..	4	4	1	1	1	4	2	7	1	..	..	
Piazha Raghza																			

* Stations where neither Cholera nor Dysentery nor Diarrhœa occurred are not shown in these tables. For the annual ratios, see Table III.

EUROPEAN TROOPS, 1921.

TABLE VIII—*concluded.* TABLE IX—*concluded.* TABLE X—*concluded.*

*CHOLERA by months, stations,
groups and commands.*

*DYSENTERY by months, stations,
groups and commands.*

DIARRHŒA by months, stations,
groups and commands.

DIVISIONS, GROUPS AND COMMANDS.	ADMISSIONS FROM CHOLERA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.												ADMISSIONS FROM DIARRHŒA IN EACH MONTH.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
A Bombay Mumbai & Sitabaldi

EUROPEAN TROOPS, 1921.

TABLE XI.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 19	Stations occupied during the year with dates of occupation. Last move.
CAVALRY.																								
The Queen's Bays.	491	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	2	59 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	1	7 ... 1	4	4 ... ...	... ... ...	... ... ...	95	344 2 6	23'92	...	Bangalore. Full.
3rd Dragoon Guards.	472	Admitted Died Invalided	6 ... ...	... ... ...	... ... ...	6	82	197 ... ...	... ... ...	3	14	4	1	6	22	3 ... 1	7	2 ... ...	... ... ...	22	578 3 3	22'82	...	Sialkot. Full. Detachment Upper Topa, 4th April to 29th October 1921.
4th Dragoon Guards.	132	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	19 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	5 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4	123 1 ...	4'09	601	Secunderabad, 12th October to 31st December 1921 (From U. K.)
4th Hussars	123	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	19	4 ... ...	... ... ...	1 ... ...	... ... ...	1 ... ...	... ... ...	2	4 ... ...	... ... ...	9 ... ...	... ... ...	... ... ...	6	77 ... 2	2'35	...	Muttra, 14th October to 31st December 1921. (From U. K.)
5th Lancers	383	Admitted Died Invalided	... ... ...	... ... ...	1 ... ...	... ... ...	104 1 ...	27 ... ...	... ... ...	1	5	2 ... ...	... ... ...	... ... ...	9 ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	15	260 1 4	9'09	...	Risalpur 1st January to 18th October 1921. Detachment, Khanspur, 28th April to 27th September 1921. (To U. K. for disbandment.)
7th Hussars	570	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	4	56	2 ... ...	... ... ...	1 ... ...	... ... ...	9 ... ...	... ... ...	5	15	1	28 ... ...	... ... ...	... ... ...	17	462 1 8	19'24	...	Mhow. Full.
8th "	6	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	2	6 ... 1	1'39	...	Lucknow (Details left when unit went to Iraq.
11th "	94	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	9	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	1 ... ...	... ... ...	5 ... ...	... ... ...	... ... ...	1	50	1'29	...	Meerut, 14th October to 31st December 1921. (From Egypt.)
16th Lancers	415	Admitted Died Invalided	... ... ...	1 ... ...	... ... ...	... ... ...	105	81 ... ...	... ... ...	... ... ...	18	2 ... ...	... ... ...	1	10	9	8 ... ...	... ... ...	... ... ...	25	442 5 2	15'26	...	Lucknow. Full.
18th Hussars	501	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	2	20 ... ...	... ... ...	... ... ...	3	6	14 ... ...	... ... ...	... ... ...	8	9	1	1 ... ...	... ... ...	39	407 ... 4	19'87	...	Secunderabad, 1st January to 12th October 1921. Risalpur, 17th October to 31st December 1921.

Corps.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
Artillery— Batteries.	453	Admitted. Died. Invalided.	... ... ...	... ... ...	1 1 ...	2 1 ...	153	66 ... ...	... ... ...	1 ... ...	... ... ...	9	1 ... ...	... ... ...	11	4	7 ... ...	... ... ...	2	36	392 3 9	18'52	...	Muttra, 1st January to 17th October 1921. Detachment, Delhi, 8th January to 19th February 1921. Detachment Chakrata, 12th April to 17th September 1921. (To U. K.)	Y. M. D. 1 9 0
Engineers.	362	Admitted. Died. Invalided.	... ... ...	... ... ...	... ... ...	1	96	3	1	3	2	9 ... ...	... ... ...	3	10 1 ...	... ... ...	18 ... ...	... ... ...	18	40	394 4 8	16'32	...	Meerut, 1st January to 17th October 1921. (To U. K.)	9 0 0
Cavalry.	38	Admitted. Died. Invalided.	... ... ...	... ... ...	... ... ...	... ... ...	14	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	2	31 1 ...	'99	...		
Artillery— Batteries.	4,045	Admitted. Died. Invalided.	6	1	2	18	737	385	1	13	45 6 ...	53	2	21	102	30	93	3	20	304	3,566 20 47	153'15	...		
Regiment of Artillery.																									
Artillery— Batteries.	142	Admitted. Died. Invalided.	... ... ...	... ... ...	... ... ...	1	48	1 ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	2	1	11 ... ...	... ... ...	5	15	218 2 6	8'43	...	Meerut. Full .	2 0 0
"	137	Admitted. Died. Invalided.	... ... ...	... ... ...	... ... ...	... ... ...	42	39 ... ...	... ... ...	1	7	2 ... ...	... ... ...	2	3 ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	5	155 1 ...	5'65	...	Delhi, 1st January to 10th April 1921. Lucknow, 12th April to 15th October 1921. (To Egypt, 15th October 1921.)	1 9 0
"	164	Admitted. Died. Invalided.	3 ... ...	... ... ...	... ... ...	2	33	23 ... ...	... ... ...	... ... ...	... ... ...	2	1	1	7	4	7	2	1	1	166 1 ...	6'38	...	Sialkot. Full .	2 0 0
"	30	Admitted. Died. Invalided.	... ... ...	... ... ...	... ... ...	... ... ...	5 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	11	'21	...	Risalpur, 20th October to 31st December 1921. (From U. K.)	0 2 15
"	129	Admitted. Died. Invalided.	... ... ...	... ... ...	... ... ...	1	2 ... ...	... ... ...	1 ... ...	... ... ...	1	1 ... ...	... ... ...	... ... ...	2	1 ... ...	... ... ...	... ... ...	... ... ...	14	77 1 8	5'28	...	Secunderabad, 1st January to 12th October 1921. (To Egypt.)	1 9 0
"	159	Admitted. Died. Invalided.	... ... ...	... ... ...	... ... ...	... ... ...	27	12 ... ...	... ... ...	2	1	1 ... ...	... ... ...	... ... ...	3	4	5 ... ...	... ... ...	3	5	97 1 ...	3'36	...	Risalpur, 1st January to 24th October 1921. Lucknow 10th October to 31st December 1921.	2 0 0
"	39	Admitted. Died. Invalided.	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	1	31	1'69	122	Secunderabad, 12th October to 31st December 1921. (From U. K.)	0 2 15
Ammunition Cmn.	13	Admitted. Died. Invalided.	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	0'12	...	Meerut, Full .	2 0 0
Ammunition Cmn.	3	Admitted. Died. Invalided.	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	0'03	...	Risalpur, 25th October to 31st December 1921. (From U. K.)	0 2 15

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.
ROYAL REGIMENT OF ARTILLERY—contd.																								
Royal Horse Artillery—contd.																								
"K" Ammunition Column.	12	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	5	0'17	...	Risalpur, 1st January to 24th October 1921. Lucknow, 25th October to 31st December 1921.
"L" Ammunition Column.	14	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	3	6	0'61	...	Secunderabad, 12th October to 31st December 1921. (From U. K.)
Total Royal Horse Artillery.	842	Admitted Died Invalided	3 ... ...	... ... ...	... ... ...	4 1 ...	159	76	1	4	9 1 ...	10	1 1 ...	3	17 ... 1	11 ... 1	28	2 1 ...	11	44	769 6 14	31'93	...	...
2. ROYAL FIELD ARTILLERY.																								
27th Battery	166	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	1	25 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	3	1 ... ...	... ... ...	... ... ...	... ... ...	12	99	5'59	...	Quetta, 1st January to 1st November 1921. Hyderabad, 2nd November to 31st December 1921.
35th "	128	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	105	47 ... ...	... ... ...	... ... ...	15 1 ...	1	1 1 ...	2 1 ...	7 2 ...	1	11 ... ...	... ... ...	2	6	275 4 2	10'35	12	Lahore, Full. Detachments, Subathu, 13th May to 5th October 1921.
37th "	129	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	71	33 ... ...	... ... ...	... ... ...	7	2 ... ...	... ... ...	1	1	1	3 ... ...	... ... ...	... ... ...	4	173 1 1	5'35	...	Nowshera, 1st January to 4th October 1921. Peshawar, 3rd October to 31st December 1921.
40th "	116	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	2	40	11 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	1	2	4 ... ...	... ... ...	2	2	132 2 1	5'06	...	Fyzabad, Full.
43rd "	148	Admitted Died Invalided	... ... ...	... ... ...	1	1	39	4 ... ...	... ... ...	... ... ...	4	1 ... ...	... ... ...	... ... ...	5	3	3 ... ...	... ... ...	... ... ...	29	158 1 1	10'33	...	Jubbulpore, Full.
59th "	135	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	33 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	5	6	4 ... ...	... ... ...	... ... ...	24	170	4'11	...	Kirkee, Full.
67th "	163	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	7 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	2	1	2 ... ...	... ... ...	... ... ...	56 1 ...	139 1 2	10'89	...	Bangalore, Full.
86th "	145	Admitted Died Invalided	5 ... ...	... ... ...	... ... ...	... ... ...	26 1 ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	7 ... 1	6 ... ...	... ... ...	... ... ...	... ... ...	21	112 1 2	6'20	...	Hyderabad, 1st January to 30th March 1921. Quetta, 19th March to 31st December 1921.
93rd "	143	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	26 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	9 ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	44	159	3'61	...	Kirkee, Full.

ORPS.	Average annual strength.	Classification.	Influenza	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
ROYAL FIELD ARTILLERY— Batteries	153	Admitted Died Invalided	...	...	...	...	13	...	...	...	1	2	...	...	9	...	2	...	...	14	135 5	4'74	...	Belgaum, Full	Y. M. D. 2 0 0
"	151	Admitted Died Invalided	...	...	...	...	14	...	...	...	...	...	...	...	9	1	4	...	...	15	153 ...	4'11	...	Kirkee, Full	2 0 0
"	155	Admitted Died Invalided	...	...	2	...	3	...	...	2	4	...	...	...	1	1	3	...	1	28	114 1 2	8'12	...	Secunderabad, Full.	1 9 0
"	188	Admitted Died Invalided	...	...	...	...	9	2	...	...	...	8	...	...	3	...	16	...	...	6	149 8	5'61	...	Mhow, Full	1 0 0
"	174	Admitted Died Invalided	1	...	1	...	28	4	...	2	1	...	...	...	5	1	6	1	10	17	179 1 3	7'92	...	Meerut, Full	7 6 0
"	139	Admitted Died Invalided	...	...	...	...	28	16	...	...	9	...	2	...	4	2	1	...	...	17	134 1	8'12	...	Ambala, Full	7 9 0
"	125	Admitted Died Invalided	...	...	...	...	67	10	...	1	4	2	...	2	5	...	3	...	2	11	178 1	7'58	...	Agra, Full	2 0 0
"	141	Admitted Died Invalided	...	...	...	...	77	30	...	...	14	5	1	1	7	3	3	...	...	26	232 1 2	9'98	...	Lahore, Full. Detachment, Subathu, 12th May to 5th October 1921.	2 0 0
"	123	Admitted Died Invalided	...	...	...	...	6	6	...	...	8	...	...	...	1	2	...	...	...	19	85 1 1	5'31	...	Jullundur, Full. Detachment, Subathu, 12th May to 5th October 1921.	2 0 0
"	155	Admitted Died Invalided	...	...	...	...	13	19	...	...	11	1	...	1	4	3	1	...	...	17	121 2 3	5'99	...	Ferozepore, Full. Detachment, Subathu, 13th May to 5th October 1921.	2 0 0
"	172	Admitted Died Invalided	...	...	1	...	22	...	...	...	4	...	...	...	8	1	3	...	...	5	153 3	6'61	...	Mhow, Full	1 0 0
"	184	Admitted Died Invalided	...	...	1	...	70	2	...	...	1	...	...	...	1	5	...	...	...	5	158 2	7'26	...	Neemuch, Full	1 0 0

EUROPEAN TROOPS, 1921.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.
ARTILLERY— <i>contd.</i> Royal Field Artillery.																								
109th Battery.	174	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	80	3 ... ...	... ... ...	1 ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	5	168 1 ...	6'32	...	Neemuch, Full
110th "	151	Admitted Died Invalided	... ... ...	... ... ...	1 ... ...	... ... ...	49	3 ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	2	4 1 ...	2 ... ...	... ... ...	... ... ...	25	171 2 2	11'34	...	Jubbulpore, Full
111th "	138	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	50	3 ... ...	... ... ...	... ... ...	5 ... ...	... ... ...	... ... ...	... ... ...	4 ... ...	... ... ...	2 ... ...	... ... ...	1	21	183 1 4	10'44	...	Jubbulpore, Full
112th "	166	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	31	5 ... ...	... ... ...	2	1	3 ... 1	... ... ...	... ... ...	3 ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	23	142 1 3	6'33	...	Kamptee, Full
113th "	107	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	26	20 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	1	4 ... 1	8 ... ...	... ... ...	1	4	109 ... 2	4'49	...	Lucknow, Full
114th "	141	Admitted Died Invalided	11 ... ...	... ... ...	... ... ...	... ... ...	84 ... ...	... ... ...	... ... ...	... ... ...	7	2 ... 1	... ... ...	... ... ...	... ... ...	6 ... ...	... ... ...	... ... ...	... ... ...	20	194 1 1	9'43	...	Allahabad, Full
115th "	116	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	61	3 ... ...	... ... ...	1	8	6 ... ...	... ... ...	... ... ...	4 ... ...	... ... ...	5 ... ...	... ... ...	... ... ...	15	173	6'28	...	Bareilly, Full
116th "	143	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	93	3 ... ...	... ... ...	... ... ...	6 ... ...	... ... ...	... ... ...	... ... ...	4	1	3 ... ...	... ... ...	... ... ...	10	222	8'97	...	Jhansi, Full
117th "	134	Admitted Died Invalided	1	3 ... ...	... ... ...	... ... ...	89	15 ... ...	... ... ...	... ... ...	1	3 ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	6	193 3 1	4'93	...	Cawnpore Full
118th "	130	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	82 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	4 1 ...	2	5 ... ...	... ... ...	... ... ...	11	169 1 1	7'92	...	Nasirabad, Full
119th "	137	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	53 ... 3	48 ... ...	... ... ...	... ... ...	6	2 ... ...	... ... ...	2	2	1	3 ... ...	... ... ...	... ... ...	18	164 ... 3	6'27	...	Nowshera, Full
120th "	116	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	79	42 ... ...	... ... ...	... ... ...	4	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5	154	5'58	...	Nowshera, Full

ORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-Pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
ARTILLERY— Field Battery.	145	Admitted Died Invalided	... ... ...	... ... ...	1 ... ...	... ... ...	96 1 ...	17 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	5	3	1 ... ...	... ... ...	... ... ...	12	171 1 ...	6'60 ... ...	...	Peshawar, 1st January to 3rd October 1921. Nowshera, 4th October to 31st December 1921.	2 0 0
"	125	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	3	86 1 ...	25 ... ...	... ... ...	1	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	3 ... ...	... ... ...	... ... ...	8	166 2 ...	5'30 ... ...	...	Rawalpindi, Full	2 0 0
"	122	Admitted Died Invalided	1 ... ...	... ... ...	1 1 ...	2 1 ...	118 1 ...	29 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	3 ... ...	... ... ...	1	17	203 4 1	8'42 ... ...	...	Rawalpindi, Full	2 0 0
"	140	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	23	55 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	2	4 ... ...	... ... ...	2	2	149	3'90 ... ...	...	Campbellpore, Full.	2 0 0
"	143	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	... ... ...	181	16 ... ...	... ... ...	... ... ...	... ... ...	2	1 ... ...	... ... ...	6	1	7 ... ...	... ... ...	... ... ...	11	267 1 ...	7'11 ... ...	...	Rawalpindi, Full. Detachment Ladha and Sora Rogha 1st January to 22nd March 1921.	2 0 0
"	137	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	1	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	31	102 2 6	7'12 ... ...	...	Secunderabad, Full.	1 9 0
"	133	Admitted Died Invalided	11 ... ...	... ... ...	... ... ...	1	82 ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	1 ... ...	... ... ...	1	7 ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	16	157	7'76 ... ...	...	Hyderabad, Full	2 0 0
"	136	Admitted Died Invalided	11 ... ...	... ... ...	... ... ...	1	118 ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	3 ... ...	... ... ...	2 ... ...	... ... ...	1	15	197 ... 4	9'27 ... ...	...	Hyderabad, Full	1 9 0
"	168	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	89	1 ... ...	... ... ...	... ... ...	3	1 ... ...	... ... ...	1	4	2	3 ... ...	... ... ...	... ... ...	13	237	10'50 ... ...	...	Jhansi, Full	2 0 0
"	153	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	5 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5	1 ... ...	... ... ...	... ... ...	41	125 ... 2	1'75 ... ...	...	Bangalore, Full	1 9 0

EUROPEAN TROOPS, 1921.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.
ARTILLERY— <i>contd.</i>																								
Royal Field Artillery, 148th Battery.	193	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	30	2 ... ...	... ... ...	... ... ...	1	1 ... ...	... ... ...	... ... ...	4	4 ... 1	6 ... ...	... ... ...	9	13	166 1 5	8'47	...	Meerut, Full
18th Brigade Headquarters.	10	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5	0'14	...	Kirkee, Full
23rd " " "	5	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3	0'06	...	Neemuch, Full.
24th " " "	17	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... 1	6	0'29	...	Jubbulpore, Full
25th " " "	9	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5	0'19	...	Fyzabad, Full
26th " " "	13	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... 1	10	0'91	...	Jhansi, Full
27th " " "	18	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	10 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... 1	14	1'31	...	Nowshera, Full
32nd " " "	6	Admitted Died Invalided	... ... ...	... ... ...	1 ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	6	0'22	...	Hyderabad, Full
1st Indian Divisional Ammunition Column.	75	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1 ... 1	8	14 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	... ... ...	3 ... ...	... ... ...	1 ... ...	... ... ...	3	1	54 1 1	2'00	...	Campbellpore, Full.
2nd " " "	71	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	... ... ...	39 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	21	78	5'19	...	Hyderabad, Full

DRPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
ARTILLERY— Field.																									Y. M. D.
Indian Divisional Ammunition Column.	95	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	19 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	I ... ...	... ... ...	I	2 ... ...	... ... ...	4	6	68 ... 1	2'71	...	Meerut, Full	2 0 0
"	98	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	8	I ... ...	... ... ...	... ... ...	... ... ...	3 ... 1	... ... ...	... ... ...	2 ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	10	66 ... 2	3'60	...	Mhow, Full	2 0 0
Brigade unit nn.	45	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	I ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	I ... ...	... ... ...	... ... ...	... ... ...	... ... ...	9	24	2'30	...	Bangalore, Full	1 6 0
"	57	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	... ... ...	10 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	I ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	3	44	0'80	...	Kirkee, Full	2 0 0
"	39	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	27	10 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	I ... ...	... ... ...	I ... ...	... ... ...	... ... ...	... ... ...	3	50 ... 1	1'95	1	Nowshera, Full	2 0 0
Royal Field Btry.	6,940	Admitted Died Invalided	48	3	5	20	2,465 ... 3	503	3	8	127	69 ... 10	5 ... 4	21 ... 3	169 ... 3	77 ... 3	155	I	39	776 ... 1	7,628 ... 38 80	339'05	...	.....	...
ROYAL RIFLE BATTERY.																									
Medium Bat- tery	32	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	... ... ...	6 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	15	1'86	...	Rawalpindi, 1st January to 30th April 1921.	...
"	136	Admitted Died Invalided	... ... ...	I ... ...	... ... ...	I	82 ... 1	6 ... ...	... ... ...	... ... ...	6 ... 7	5	I	2	9	I	7 ... ...	... ... ...	1	22	199 ... 3 1	8'54	...	Amritsar and Delhi, Full. Detachment Chakrata, 9th April to 12th October 1921.	2 0 0
"	96	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	... ... ...	42	2 ... ...	... ... ...	... ... ...	5 ... 2	... ... ...	... ... ...	I	5 ... ...	... ... ...	3 ... ...	... ... ...	4	7	103 ... 5 3	4'38	...	Allahabad, 1st January to 31st October 1921. Karachi, 7th April to 31st December 1921. Detachment Agra, 1st Janu- ary to 22nd April 1921.	2 0 0
"	85	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	45	7 ... ...	... ... ...	... ... ...	4	I ... ...	... ... ...	I ... ...	... ... ...	2 ... ...	... ... ...	I	2	10	103 ... 1 3	5'51	...	Nowgong, 1st January to 17th October 1921. (To Malta.)	2 0 0

EUROPEAN TROOPS, 1921.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.
3. ROYAL GARRISON ARTILLERY—contd.																								
(a) Medium Batteries—contd.																								
10th Battery	98	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	25	6 ... ...	... ... ...	... ... ...	1 1 1	1 ... 1	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	7 1 ...	... ... ...	12	88 1 3	4'14	...	Multan, 1st January to 9th April 1921. Rurki, 11th April to 17th October 1921. (To Malta.)
11th "	110	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	39	12 ... ...	... ... ...	... ... ...	7	2 ... ...	... ... ...	3	1	1	2 ... ...	... ... ...	... ... ...	6	101 ... 1	5'49	...	Multan, 1st January to 15th November 1921. Dett. Subathu, 12th May to 5th October 1921. (To Gibraltar.)
12th "	98	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	20	8 ... ...	... ... ...	1	11 1 ...	... ... ...	... ... ...	1	4	2 ... ...	... ... ...	... ... ...	... ... ...	16	85 1 1	5'26	...	Ferozepore, 1st January to 22nd October 1921. Dett. Subathu, 12th May to 5th October 1921. (To Gibraltar.)
13th "	45	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	50 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	74 2 ...	1'70	...	Rurki, 15th October to 31st December 1921. (From U. K.)
14th "	21	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	18	0'56	...	Ditto.
15th "	24	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	11 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	25	0'24	...	Nowgong, 12th October to 31st December 1921. (From U. K.)
16th "	21	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3	9	0'43	...	Allahabad, 13th October to 31st December 1921. (From U. K.)
21st "	129	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	56	10 ... ...	... ... ...	... ... ...	8 ... 1	2 ... ...	... ... ...	... ... ...	... ... ...	1	4 ... ...	... ... ...	1	3	131 ... 1	4'67	...	Rurki, 1st January to 21st October 1921. Ferozepore 22nd October to 31st December 1921.
22nd "	27	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... 1	1 1 ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	... ... 1	... ... ...	1 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	4	19 ... 4	1'23	...	Rurki, 1st January to 1st March 1921. (To 16th P. Bty.)
23rd "	118	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	... ... ...	60	24 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	5 2 ...	... ... ...	4 ... ...	... ... ...	... ... ...	5	121 3 1	4'06	...	Peshawar, Full
24th "	102	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	90	8 ... ...	... ... ...	... ... ...	1 ... 2	5 ... ...	... ... ...	1	2 ... ...	... ... ...	1 ... ...	... ... ...	1	12	175 1 6	8'07	...	Nowgong, Full

ORPS.	Average annual strength.	Classifi- cation.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number con- stantly sick.	Arrivals in India in 19	Stations occu- pied during the year with dates of occupation. Last move.	Period of service in India.
YAL RISON LERY— ntd.																									Y. M. D.
Coast fence.																									
Company .	67	{ Admitted Died Invalided	21	1	...	1	...	1	2	4	2	11	102 ... 3	4'48	...	Calcutta Full	22 0 0
"	81	{ Admitted Died Invalided	90	5	...	2	...	1	16	152 1 2	6'71	...	Bombay Full	27 0 0
"	83	{ Admitted Died Invalided	...	...	...	...	69	...	...	...	1	2	...	3	2	5	1	...	16	145 2 2	4'84	...	Ditto	20 0 0
"	106	{ Admitted Died Invalided	...	...	...	...	6	...	...	...	1	1	...	3	...	...	...	1	15	92 ... 2	6'00	...	Rangoon Full	2 0 0
"	95	{ Admitted Died Invalided	...	...	...	...	6	2	...	1	...	...	...	2	1	5	...	...	8	52 ... 2	2'92	...	Karachi Full	17 0 0
Pack illery.	82	{ Admitted Died Invalided	...	1	...	2	107	...	...	...	...	...	3	...	...	9	...	...	7	148 4 ...	4'67	...	Rawalpindi Full	36 0 0
"	80	{ Admitted Died Invalided	...	...	...	...	22	29	...	1	1	4	...	1	...	1	...	...	5	96 1 ...	3'84	...	Iandi Kotal, 1st January to 13th October 1921. Nowshera, 16th October to 31st December 1921.	34 0 0
"	84	{ Admitted Died Invalided	...	...	...	...	11	...	...	...	...	...	...	4	2	19	...	...	11	80	2'87	...	Jutogh, 1st January to 27th October 1921. (To Malabar oper- ations.)	37 0 0
"	108	{ Admitted Died Invalided	1	...	...	1	14	...	...	...	...	1	...	2	...	1	...	...	12	57 1 ...	3'22	...	Quetta Full	1 9 0
Battery .	118	{ Admitted Died Invalided	4	...	...	...	18	1	2	...	1	1	1	4	1	...	...	...	4	62 3 1	2'59	...	Rawalpindi, 1st January to 30th November 1921. Dett. Kalabagh, 16th April to 30th Septem- ber 1921. Waziristan, 1st to 31st Decem- ber 1921.	1 9 0

EUROPEAN TROOPS, 1921.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.
16th Battery .	16	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	2	6	31 ... ...	...	Rurki 1st to 8th April 1921. (To Aden).
17th Battery .	76	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	2 ... 1	1	6 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	1	1	3 ... ...	... ... ...	... ... ...	4	44 ... 1	143 ... ...	...	Rawalpindi 20th February 1921, to 30th April 1921. Detachment Kala-hagh 4th May 1921, to 14th October 1921. (From United Kingdom.)
Total Royal Garrison Artillery.	2,138	Admitted Died Invalided	11	2 1 ...	... ... ...	8 ... 2	900 5 4	122 ... ...	... ... ...	4 ... 1	46 7 ...	30 ... 7	4 1 1	13 4 ...	57 4 2	20	79	2	12	221	2,302 29 37	100.02......	...	....
IV.—ROYAL ARTILLERY DEPOTS, ETC.																								
R. A. Boys Depot.	26	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	12	53 ... ...	...	Nowshera 1st January 1921, to 5th April 1921. Bangalore 11th April to 31st December 1921.
R. A. Equitation School.	37	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	20 1 ...	72 ... ...	...	Ambala Full.
Details Royal Artillery.	419	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	4	129 ... 1	10 ... ...	... ... ...	1	3	7 1 ...	... 1 ...	1	14	11	18	1 1 ...	1	31	363 3 7	31.84......	...	.....
Total Royal Artillery Depots, etc.	482	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	4	132 ... 1	10 ... ...	... ... ...	1	3	7 1 ...	... 1 ...	1	14	11	18	1 1 ...	1	31	395 4 7	33.09......	...	.. ...
Total Royal Regiment of Artillery.	10,402	Admitted Died Invalided	62	5 2 ...	5 1 ...	36 3 2	3,656 9 8	711	4	17 ... 1	185 10 ...	116 3 17	10 2 6	38 7 ...	257 7 6	119 1 4	280	6 2 ...	63	1072	11,094 77 138	504.10......	...	.....
ROYAL CORPS OF SIGNALS.																								
No. 1 Signal Park.	4	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	0.04 ... ...	...	Rawalpindi 1st January to 30th April 1921.

RPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
Cavalry de Signal	15	Admitted Died Invalided	...	...	...	...	19	3	...	...	...	...	...	...	2	...	...	...	...	1	28	0'78	...	Risalpur Full.	Y. M. D.
Line Com- "A" Signals.	48	Admitted Died Invalided	...	...	...	...	66	10	...	...	...	...	...	...	...	...	1	...	...	9	99	2'64	...	Karachi Full.	
Line Com- "B" Signals.	67	Admitted Died Invalided	2	...	...	...	63	14	...	1	...	...	...	...	...	...	...	...	...	3	98	3'02	...	Rawalpindi Full Detachment Khanspur 1st May to 29th July 1921.	
Divisional ls.	38	Admitted Died Invalided	...	...	...	...	7	1	...	...	...	...	...	...	...	...	...	...	1	...	18	0'72	...	Jubbulpore 5th Jan. to 31st December 1921.	
Divisional ls.	86	Admitted Died Invalided	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	8	28	2'00	...	Quetta Full.	...
Divisional ls.	78	Admitted Died Invalided	9	...	...	...	192	7	...	...	...	...	...	...	3	1	4	...	...	1	285	5'39	...	Waziristan Full.	...
Divisional ls.	87	Admitted Died Invalided	...	...	1	...	36	43	...	...	...	2	...	...	4	3	4	...	...	6	114	3'83	...	Peshawar and Full.	...
Divisional ls.	54	Admitted Died Invalided	...	...	...	...	55	17	...	...	...	2	2	...	3	...	...	...	...	5	110	4'77	...	Waziristan Full.	...
Divisional ls.	107	Admitted Died Invalided	...	...	...	...	109	5	...	1	...	...	...	...	1	3	...	...	...	7	156	6'51	...	Rawalpindi Full. Detachment Khanspur 1st May to 10th September 1921.	...
Divisional ls.	68	Admitted Died Invalided	...	...	...	...	14	1	...	...	5	...	1	...	...	...	1	...	...	5	47	1'85	...	Rurki and Meerut Full Ambala to January to 30th April 1921.	...

EUROPEAN TROOPS, 1921.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1921.	Stations occupied during the year with dates of occupation. Last move.
No. 2 Wireless Company "A" Corps Signals.	120	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	... ... ...	205	53 ... ...	... ... ...	... ... ...	... ... ...	3	3 ... ...	... ... ...	4 ... ...	... ... ...	15 ... ...	... ... ...	... ... ...	19	333 ... 2	10'86	...	Karachi, Full.
No. 2 Wireless Company "B" Corps Signals.	43	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	1	28	11 ... ...	... ... ...	... ... ...	... ... ...	1	1 ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	2	60	2'38	..	Rawalpindi, Full.
No. 3 Wireless Squadron.	34	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	11	0'36	...	Khanspur, 1st May 1921 to 27th Septem-1921.
Army Signal Schools.	39	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	29 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	2	4	38	0'79	...	Abbottabad, Full.
Signal Service Depots	326	Admitted Died Invalided	... ... ...	... ... ...	4 1 ...	1	52	8 ... ...	... ... ...	... ... ...	7 1 ...	6 ... ...	... ... ...	... ... ...	16 1 ...	4	12	2	1	13	316 4 5	14'83	...	Jubbulpore Full
Details Royal Engineers.	194	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	1	104	17 ... ...	... ... ...	... ... ...	1	1 ... ...	... ... ...	... ... ...	4 1 ...	4	7 ... ...	... ... ...	2	16	218 5 1	6'32	...	...
Total Royal Corps Signals.	1,408	Admitted Died Invalided	16 ... ...	... ... ...	5 1 ...	3	988 ... 1	190 ... ...	... ... ...	2	17 1 ...	15 2 ...	2	1	29 2 ...	16	49	2	6	99	1,960 11 14	67'09	...	.....
INFANTRY.																								
1st Battalion, The Royal Scots.	811	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	... ... ...	24 ... ...	... ... ...	... ... ...	2	3	4 ... ...	... ... ...	... ... ...	13	9 1 ...	9 ... ...	... ... ...	3	186	616 2 8	38'02	...	Rangoon and Port Blair Full.

REGTS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1921.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
COUNTRY—																									Y. M. D.
Battalion, Queen's Regiment.	642	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	5	368 1 ...	14	1	3 ... ...	... ... ...	9 ... ...	... ... ...	1	9 1 ...	2	18	1 ... ...	... ... ...	14	666 4 1	23'58	...	Rawalpindi, 1st January 1921 to 30th April 1921. Ladha 26th March, 1921 to 13th December 1921. Barian, 10th April 1921 to 30th November 1921. Lucknow 1st December 1921 to 31st December 1921.	2 3 0
Battalion, King's Royal Rifle Corps.	814	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	81 ... ...	... ... ...	... ... ...	8 ... ...	... ... ...	2 ... ...	... ... ...	1	20 ... ...	... ... ...	2 ... ...	... ... ...	1	170	587 ... 4	48'67	...	Mandalay and Maymyo Full.	2 0 0
Battalion, Northumberland Fusiliers.	729	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	2 2 ...	118	1 ... ...	... ... ...	3 ... 1	13 1 ...	9 ... 1	1	3 2 ...	67	3 1 ...	112 ... ...	... ... ...	3	57	1,425 8 8	32'2)	...	Dinapore, 14th February 1921 to 31st December 1921. Detachment Lebong, 1st April 1921, 31st October 1921. (From Mesopotamia.)	0 9 0
Battalion, Royal Warwickshire Regiment.	800	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	2	456 3 1	282 ... ...	... ... ...	2	50 3 ...	4 ... ...	... ... ...	2	24	9	14 ... ...	... ... ...	1	18	1,123 8 3	36'85	...	Nowshera, 1st January 1921 to 14th October 1921. Landi Kotal, 16th October 1921 to 31st December 1921. Peshawar, and Cherat.	2 3 0
Battalion, Royal Fusiliers.	575	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	3	101	31 ... ...	... ... ...	2 ... 1	51 4 ...	1 ... ...	... ... ...	3	6	6	11	1 1 ...	... ... ...	25	439 5 1	15'47	...	Jullundur and Ambala, 29th March 1921 to 31st December 1921. Detachment, Dagshai, 6th May 1921 to 27th October 1921. (From Mesopotamia.)	0 9 0
Battalion, Norfolk Regiment.	515	Admitted Died Invalided	... ... ...	2 1 ...	... ... ...	2	370 1 ...	19 ... ...	... ... ...	3	29 1 ...	6 ... 3	... ... ...	... ... ...	13	6	23	1	5	35	713 4 7	26'02	...	Bareilly Full. Detachment Ranikhet, 28th March 1921 to 30th September 1921.	2 0 0
Battalion, Lincolnshire Regiment.	838	Admitted Died Invalided	4 ... ...	... ... ...	... ... ...	5	253 ... 2	1 ... ...	... ... ...	1 ... ...	... ... ...	6 1 4	1 1 1	... ... ...	28	25 ... 1	40	1 1 ...	... ... ...	124	850 4 17	53'08	...	Poona and Kirkee Full.	2 0 0
Battalion, Devonshire Regiment.	811	Admitted Died Invalided	13 ... ...	... ... ...	... ... ...	1	275 1 ...	25	1	3 ... 1	1	9 ... 4	3 2 ...	4	14	8	11	1	3	93	624 1 10	27'24	...	Quetta full.	2 3 0

EUROPEAN TROOPS, 1921.

TABLE XI—*continued.*

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.
INFANTRY— <i>contd.</i>																								
1st Battalion, The Suffolk Regiment.	754	Admitted Died Invalided	... ... ...	... ... ...	1	4	422 1 ...	25 ... ...	... ... ...	1	17 ... 1	8 ... 1	5 ... 2	... ... ...	20 1 ...	5	8 ... ...	... ... 1	... ... ...	75	945 4 9	48'11	...	Jubbulpore Full Wellington and Madras, 24th August to 31st Decem- ber 1921.
2nd Battalion, The Somerset Light Infantry.	679	Admitted Died Invalided	3 ... ...	... ... ...	... ... ...	... ... ...	234	117	1	2	33	2 ... 1	... ... ...	... ... ...	11	14 1 ...	16 ... ...	... ... ...	1	39	726 2 1	25'82	...	Lucknow Full. Detachment, Ranikhet, 28th March to 25th October 1921.
2nd Battalion, The West Yorkshire Regiment.	791	Admitted Died Invalided	10 ... ...	... ... ...	... ... ...	8 1 ...	401	142	3 ... ...	... ... ...	... ... ...	6 ... 1	... ... ...	... ... ...	22 ... 1	10	15	1	2	55	843 2 5	31'97	...	Peshawar Full. Detachment Cherat, 26th April to 10th October 1921.
2nd Battalion, The Bedford- shire and Hertfordshire Regiment.	798	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	3	28 ... ...	... ... ...	1	5 ... 1	11 1 ...	10 ... 4	... ... ...	1	7	37 ... 1	6 ... ...	... ... ...	5	115	581 1 24	42'76	...	Secunderabad and Wellington Full.
2nd Battalion. The Leices- tershire Regi- ment.	707	Admitted Died Invalided	... ... ...	1 1 ...	2	5 2 ...	495 1 1	76 ... ...	... ... ...	9	17 1 ...	6 1 ...	... ... 1	5	19	2	20 ... ...	... ... ...	5 ... 1	83	1,015 8 10	35'78	...	Delhi Full. Detachment Chakrata, 4th April to 7th October 1921.
2nd Battalion, The Royal Irish Regi- ment.	815	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	98	11 ... ...	... ... ...	6	3	2	1 1 ...	5 1 ...	33	1	12 ... ...	... ... ...	1	91	457 3 1	27'30	...	Chakrata Full Detachment Delhi, 1st January to 11th April 1921.
1st Battalion, The Green Howards.	711	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	28 ... ...	... ... ...	1	2	18	4 ... ...	... ... ...	2	7	8	7 ... ...	... ... ...	2	98	512 1 4	28'28	...	Secunderabad and Wellington Full.
2nd Battalion, The Lancas- shire Fusiliers.	759	Admitted Died Invalided	... ... ...	3 3 ...	... ... ...	1	382 1 ...	197 ... ...	... ... ...	... ... ...	69 3 ...	7 ... 3	1 ... 1	6	31	3	23 ... ...	... ... ...	2	138	1,142 8 8	46'42	...	Lahore and Amritsar 1st January to 19th October 1921, Nowshera, 23rd October to 31st December 1921.
2nd Battalion, The Royal Scots Fusiliers.	650	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	104 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5 ... 1	... ... ...	1	18	27 ... 1	18	3 3 ...	5	172	719 4 12	49'31	...	Calcutta, Dum Dum and Bar- rackpore Full. Detachment, Lebonz, 1st April to 31st October 1921.

RPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1918.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
TRY— td.																									Y. M. D.
Balion, Royal Fusiliers.	715	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	162	176 ... ...	... ... ...	1	32 3 ...	6	2 ... 3	... ... ...	9 ... 1	13 1 ...	13 ... ...	... ... ...	4	57	744 5 5	32.79	...	Lucknow, 1st January to 30th November 1921, Ladha, 1st December to 31st December 1921, Detachment, Ranikhet, 28th April to 13th October 1921.	2 0 0
Balion, South Border.	751	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	2	286 ... 2	2 ... ...	... ... ...	2	62 2 ...	11 ... 4	... ... ...	1	24	11	30	1	3	119	1,003 7 10	51.05	...	Jhansi Full. Detachment, Ranikhet, 29th March to 14th October 1921.	2 0 0
Balion, King's Scottish Bers.	792	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	2	607 1 ...	122 ... ...	... ... ...	3	50 3 ...	2	1 ... 1	2	13	4	14 ... ...	... ... ...	11	97	1,160 5 1	47.48	...	Agra Full. Detachment Chakrata, 10th April to 28th September 1921.	2 0 0
Balion, Amer- ia.	544	Admitted Died Invalided	10 ... ...	... ... ...	1 ... ...	... ... ...	272	31	1	1	7	22 ... 6	... ... ...	6 ... 1	19	4	38	1	4	59	763 2 12	30.15	...	Kohat, 1st January to 22nd November 1921 Detachment, Parachinar 21st April to 24th October 1921, Quetta, 25th November to 31st December 1921.	2 0 0
Balion, Royal nilling rs.	869	Admitted Died Invalided	32 ... ...	... ... ...	... ... ...	5	269	122 ... ...	... ... ...	... ... ...	21 2 ...	11 1 2	3 ... 3	10	32 1 ...	7	12	3 2 ...	4	124	867 9 8	45.10	...	Sialkot Full. Detachments, Ambala, 1st January to 30th April 1921, Upper Topa, 5th April to 29th October 1921.	2 0 0
Balion, Gloucestershire Regi- e	848	Admitted Died Invalided	4 ... ...	... ... ...	... ... ...	8 1 1	34	10 ... ...	... ... ...	9 ... 2	2	8 ... ...	... ... ...	4	15 1 ...	... ... ...	7 ... ...	... 1 ...	1	51	329 4 6	16.43	...	Rawalpindi, Full. Detachment, Gharial, 9th April to 22nd October 1921.	2 0 0
Balion, Worcestershire Regi- er	779	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	3	365 1 ...	6	2	2	1	5 1 ...	... ... ...	3	12 ... 1	6	30 ... 1	1	1	40	798 3 6	32.57	...	Nasirabad and Ahmedabad Full. Detachment Mount Abu, 9th April to 31st December 1921.	2 0 0
Balion, Worcestershire Regi- ers	622	Admitted Died Invalided	6	1 ... ...	... ... ...	7	174	81	1	1	2	1 ... ...	... ... ...	... ... ...	15	13	22 ... ...	... ... ...	7	37	666 ... 3	30.78	...	Fyzabad Full. Detachment Ranikhet, 28th March to 10th October 1921.	1 9 0

EUROPEAN TROOPS, 1921.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 19	Stations occupied during the year with dates of occupation. Last move.	
INFANTRY— <i>contd.</i>																									
1st Battalion, The Border Regiment.	637	Admitted Died Invalided	10 ... ...	... ... ...	... ... ...	1	275 3 5	66 ... ...	... ... ...	4	3 ... 1	31 1 11	... ... ...	8 2 ...	21	3	21	1	1	131 ... 1	876 6 25	41'67	...	Hyderabad and Karachi, 1st January to 19th November 1921, Kohat, 22nd Novem- ber to 31st De- cember 1921.	2
2nd Battalion, The Dorset- shire Regi- ment.	716	Admitted Died Invalided	... ... ...	... ... ...	2 1 ...	2	17 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	7	2	16 ... ...	... ... ...	... ... ...	146 ... 1	470 1 15	43'64	...	Bangalore and Wellington, 1st January to 19th December 1921. (To Egypt.)	13
1st Battalion, The Welch Regiment.	601	Admitted Died Invalided	... ... ...	... ... ...	1	5	129	91 ... ...	... ... ...	... ... ...	75 ... 1	6 1 1	2 ... 1	4	11	15 1 ...	12 ... ...	... ... ...	4	101	718 2 11	32'24	...	Ferozepore. Full Detachment, Dalhousie, 15th March to 31st October 1921.	2
1st Battalion, The Black Watch.	778	Admitted Died Invalided	58 ... ...	... ... ...	... ... ...	1	521	4 ... ...	... ... ...	... ... ...	28	3 ... ...	... ... ...	1	11	16	20	1 1 ...	6	144	1,073 4 5	52'41	...	Allahabad. Full Detachment, Ranikhet, 28th March to 5th November 1921.	2
2nd Battalion, The North- amptonshire Regiment.	741	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	5	307 1 ...	304	2	4 ... ...	... ... ...	7	1	3	23	23	21 ... ...	... ... ...	2	60	971 1 2	36'50	...	Landi Kotal, 1st January to 16th Octo- ber 1921. Lahore and Amritsar, 18th October to 31st December 1921.	20
1st Battalion, The Royal Berkshire Regiment.	99	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	9 ... ...	... ... ...	... ... ...	... ... ...	11	1 ... ...	... ... ...	... ... ...	3	2	7 ... ...	... ... ...	... ... ...	8	66	2'54	...	Bareilly, 14th November to 31st Decem- ber 1921. (From Meso- potamia.)	
1st Battalion, The Queen's Own Royal West Kent Regiment.	843	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	201 ... 1	... ... ...	... ... ...	... ... ...	... ... ...	12 ... 6	2 1 ...	14	41	6 ... 1	11 ... ...	... ... ...	2	150	1,070 3 21	53'30	...	Calcutta. Full Detachment, Lebong, 1st April to 31st October 1921.	20
1st Battalion, The King's Shropshire Light Infan- try.	662	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	479 ... 1	1 ... ...	... ... ...	1 ... ...	... ... ...	18 ... 5	... ... ...	3	17	2	28 ... ...	... ... ...	... ... ...	159	1,167 3 15	52'05	...	Bombay. Full Deolali, 1st May to 31st December 1921.	20

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Erythra of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
COUNTRY— contd.		Admitted Died Invalided																							Y. M. D.
Battalion, King's Rifle Bps.	722	Admitted Died Invalided	...	...	2 ...	4 ...	108 ...	...	1 ...	1 ...	8 ...	21 6	2 1	2 ...	7 ...	2 ...	16 ...	...	1 ...	21 ...	430 3 12	19'29	...	Mhow. Full Detachment, Neemuch, 1st January to 29th March 1921.	2 0 0
Battalion, King's Rifle Bps.	813	Admitted Died Invalided	18 ...	...	...	...	60 ...	3 ...	8 ...	1 ...	3 ...	6 3	4 1	2 2	12 ...	14 ...	4 ...	3 1	3 ...	58 ...	371 3 7	21'77	...	Quetta. Full.	2 0 0
Battalion, Manchester Regiment.	518	Admitted Died Invalided	11 ...	...	3 2	3 1	175 2	30 ...	...	...	35 4	13 4	1 1	...	31 3	1 ...	43 ...	...	1 ...	81 ...	813 9 22	35'98	...	Kamptee, 6th January to 31st December 1921. (From Mesopotamia.)	1 0 0
Battalion, York and Lancaster Regiment.	80	Admitted Died Invalided	1 ...	...	...	...	42 ...	1 ...	...	...	...	1 ...	...	...	1 ...	...	5 ...	...	...	3 ...	97 ...	2'44	39	Karachi and Hyderabad, 17th November to 31st December 1921. (From Mesopotamia.)	...
Battalion, Durham Light Infantry.	699	Admitted Died Invalided	8 ...	...	...	1 ...	62 ...	5 ...	...	8 ...	...	6 ...	...	2 ...	10 ...	1 ...	5 ...	...	...	63 ...	414 2 1	21'22	...	Ahmednagar. Full.	1 0 0
Battalion, Seaforth Blanders.	795	Admitted Died Invalided	1 ...	2 2	...	1 ...	230 ...	9 ...	...	...	16 ...	7 5	2 2	9 ...	21 4	5 1	43 ...	...	42 ...	107 ...	900 5 22	42'47	...	Meerut. Full Detachment, Chakrata, 20th April to 12th October 1921.	2 0 0
Battalion, Cameron Blanders.	794	Admitted Died Invalided	19 ...	...	1 ...	1 ...	128 ...	2 ...	...	6 ...	1 ...	9 ...	...	...	14 1	4 ...	5 ...	1 ...	...	84 ...	436 4 1	24'35	...	Rawalpindi. Full Detachment Kuldana, 8th April to 31st October 1921.	2 3 0
Battalion, Connaught Rifles.	712	Admitted Died Invalided	15 ...	2 2	1 ...	6 ...	512 3	117 ...	1 ...	8 ...	3 1	8 ...	1 1	9 ...	9 1	11 ...	8 ...	...	...	88 ...	958 9 2	47'40	...	Rawalpindi. Full Detachment, Upper Tapa, 12th April to 20th October 1921.	2 0 0
Battalion, Argyll Southern High- landers.	731	Admitted Died Invalided	5 ...	...	...	...	156 ...	1 ...	...	1 ...	...	6 1	...	1 ...	20 ...	18 1	25 ...	...	...	173 ...	612 1 11	40'67	...	Poona and Khkee. Full.	2 0 0

EUROPEAN TROOPS, 1921.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
INFANTRY —concl'd.																									Y. M.
1st Battalion, The Leinster Regiment.	619	Admitted Died Invalided	2 1 ...	...	...	...	23	2	...	2	1	6	1	1	39	16	9	1	2	185	736 6 10	59'36	...	Wellington and Madras. Full.	2
2nd Battalion, The Royal Dublin Fusiliers.	565	Admitted Died Invalided	...	...	3	3	113	182	...	2	36	6	1	1	18	9	14	2	3	52	706 7 4	23'95	...	Multan, Full Detachment Solon, 1st April to 30th October 1921.	1
1st Battalion, The Rifle Brigade.	618	Admitted Died Invalided	2 4 ...	4	...	3	245	8	...	2	31	10	...	...	27	8	18	1	2	46	790 13 5	28'36	...	Cawnpore and Benares, 23rd January to 3rd December 1921. Detachment. Ranikhet, 28th March to 3rd October 1921. (From Mesopotamia.)	1
4th Battalion, The Rifle Brigade.	672	Admitted Died Invalided	6 1 ...	...	...	4	37	2	1	8	2	12	2	1	9	16	7	...	1	48	335 5 17	21'08	...	Quetta, 1st January to 26th October 1921. (To Gibraltar.)	2
Details Infantry	281	Admitted Died Invalided	7 ...	...	1	1	67	16	...	2	2	1	1	2	10	6	8	1	...	26	313 3 5	40'96	...	.....	...
TOTAL—INFANTRY.	32,815	Admitted Died Invalided	250 213 ...	15 3 ...	18 10 1	112	10,303	2,410	18	128	747	356	38	123	863	423	877	26	144	4,106	34,635 194 397	1,666'97	...	.....	...
MACHINE GUN CORPS.																									
3rd Machine Gun Squadron.	46	Admitted Died Invalided	...	...	...	...	2	1	...	...	...	...	...	...	2	...	...	...	...	...	28 1	1'18	...	Risalpur, 1st January to 3rd April 1921. (Disbanded.)	2
4th Machine Gun Squadron.	41	Admitted Died Invalided	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	4	17 1	6'99	...	Meerut, 1st January to 3rd March 1921. (Disbanded)	1
5th Machine Gun Corps.	49	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	...	...	6	19 1	1'11	...	Kamptee, 1st January to 6th April 1921. (Disbanded.)	1
6th Machine Gun Corps.	12	Admitted Died Invalided	...	1 1 ...	...	...	141	9	...	...	...	2	...	...	1	2	3	...	...	18	226 3	6'40	...	Cawnpore, 28th December 1921. Ladha, 26th March to 31st December 1921.	1

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation Last move.	Period of service in India.
MACHINE GUN CORPS -contd. Machine Gun Corps.	129	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	7	51	378 ... ...	...	Dinapore, 1st January to 14th February 1921. Multan, 28th February to 31st March 1921. (Disbanded.)	Y. M. D. 1 0 0
Machine Gun Corps.	52	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	20	34 ... 3	484 ... ...	...	Secunderabad, 1st January to 25th March 1921. (Disbanded.)	1 0 0
Machine Gun Corps.	86	Admitted Died Invalided	... ... ...	... ... ...	... ... 1	... ... ...	5 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... 1 ...	4	1	2 ... ...	... ... 1	... ... ...	7	68 1 1	445 ... ...	...	Kamptee, 1st January to 16th February 1921. (Disbanded.)	1 0 0
Machine Gun Corps.	42	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	6 ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	31 ... 1	212 ... ...	...	Cawnpore, 1st January to 23rd March 1921. (Disbanded.)	1 3 0
Machine Gun Corps.	122	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	1	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3	50	206 ... ...	...	Jullundur, 1st January to 30th April 1921. (Disbanded.)	1 3 0
Machine Gun Corps.	22	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	5 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	8	019 ... ...	...	Ahmednagar, 1st January to 1st March 1921. (Disbanded.)	...
Armoured Motor Batteries.	77	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	36	16 ... ...	... ... ...	... ... ...	2	1 ... ...	... ... ...	1	1 ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	3	115 1 ...	316 ... ...	...	Various, 1st January to 31st March 1921. (Disbanded.)	...
Machine Gun Corps.	5	Admitted Died Invalided	... ... ...	1 ... ...	... ... ...	... ... ...	7	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	9	15 1 ...	073......	...	.....	...
TOTAL— MACHINE GUN CORPS.	797	Admitted Died Invalided	... ... ...	2 ... 2	... ... ...	... ... ...	208	29 ... ...	... ... ...	3	2	5 ... ...	... ... ...	6 ... 1	17	3	10 ... ...	... ... 1	... ... ...	77	662 6 8	3101......	...	.....	...

EUROPEAN TROOPS, 1921.

TABLE XI—concluded.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-Pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	stations occupied during the year with dates of occupation. Last move.	Period of service in India.
TANK CORPS.																									Y. M.
No. 7, Armoured Car Company.	134	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	... ... ...	98 ... 1	54 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	... ... ...	7 1 ...	2	1 ... ...	... ... 1	... ... ...	8	216 3 2	5'47	...	Peshawar and Quetta Full. Bannu 1st April to 31st December 1921.	1 0
No. 8, Armoured Car Company.	95	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	153 1 ...	73 ... ...	... ... ...	... ... ...	13	1 ... ...	... ... ...	... ... ...	8 ... ...	... ... ...	9 ... ...	... ... ...	... ... ...	19	365 1 ...	11'41	...	Lahore and Delhi, March to 31st December 1921. (From U. K.)	0 9
No. 9, Armoured Car Company.	86	Admitted Died Invalided	8 ... ...	... ... ...	... ... ...	... ... ...	5 ... ...	... ... ...	... ... ...	... ... ...	2	5 ... ...	... ... ...	... ... ...	2	2	1 ... ...	... ... ...	... ... ...	11	92	3'81	111	Secunderabad, 14th April to 31st December 1921. (From U. K.)	0 9
No. 10, Armoured Car Company.	63	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	61 2 ...	6 ... ...	... ... ...	... ... ...	3	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	3	102 3 ...	3'05	...	Jandola, Manzai and Bareilly Full.	1 0
TOTAL—TANK CORPS.	378	Admitted Died Invalided	10 ... ...	... ... ...	... ... ...	1	317 3 ...	133 ... ...	... ... ...	... ... ...	18	7	1 ... 1	... ... ...	17 1 ...	4	12 ... 1	... ... ...	... ... ...	41	775 7 2	23'74	...	...	...
ROYAL ARMY SERVICE CORPS.																									
MECHANICAL TRANSPORT.																									
No. 1, Company.	16	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	5	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	1	11	0'60	...	Peshawar Full. Khirgi 1st June to 31st December 1921.	5 0
No. 2, Company	12	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	12 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	2	23	0'07	...	Khirgi Full	4 0
No. 3, Company	64	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	... ... ...	106 ... 1	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	22	155 ... 2	5'87	...	Bombay Full	5 0
No. 4, Company	19	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	7	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	17	0'43	...	Karachi Full	3 3

PS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-Pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.	
ARMY CE -contd.																									Y. M. D.	
ICAL PORT—																										
Company	9	Admitted Died Invalided	1	2	0 29	...	Rawalpindi Full.	2 9 0
Company	2	Admitted Died Invalided	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	1	6	0 15	...	Bannu Full	1 3 0
Company	10	Admitted Died Invalided	...	...	...	1	5	7	...	...	...	...	...	...	1	1	...	...	...	...	17	0 52	...	Bannu and Khirgi Full.	1 3 0
Company	14	Admitted Died Invalided	...	...	...	...	8	4	...	...	...	2	...	...	1	...	1	...	...	2	21	0 69	...	Peshawar Full.	5 0 0
Company	22	Admitted Died Invalided	...	...	...	...	12	6	...	...	...	...	...	...	...	...	...	...	...	2	26	0 51	...	Peshawar Full	1 0 0
Company	8	Admitted Died Invalided	...	...	...	...	4	...	...	...	...	1	...	...	...	...	...	...	...	1	7	0 49	...	Rawalpindi Full. Detachment Parachinar, 21st April to 24th October 1921.	1 9 0
Company	18	Admitted Died Invalided	...	...	...	...	13	4	...	...	...	1	...	...	...	...	1	...	...	5	34	0 77	...	Rawalpindi Full	5 0 0
Company	14	Admitted Died Invalided	...	...	...	...	11	3	...	...	...	...	...	...	...	...	...	...	...	4	23	0 74	...	Kohat Full	5 0 0
Company	7	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	4	0 20	...	Peshawar Full.	1 0 0
Company	4	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	0 06	...	Bareilly Full	1 0 0
Company	84	Admitted Died Invalided	...	...	...	2	35	7	...	1	4	1	...	1	4	...	8	...	1	14	118	3 53	...	Rurki Full.	2 0 0
Company	72	Admitted Died Invalided	1	...	...	...	47	30	...	...	...	...	...	...	3	1	3	...	...	...	106	2 26	...	Peshawar Full.	9 0

EUROPEAN TROOPS, 1921.

TABLE XI--concluded.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.
ROYAL ARMY SERVICE CORPS--concl'd.																								
MECHANICAL TRANSPORT--cont'd.																								
No. 1 Advanced Repair Workshop.	53	Admitted Died Invalided	... ... ...	... ... ...	1 1 ...	... ... ...	25	13 ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	2	2 ... ...	... ... ...	... ... ...	... ... ...	4	63 1 ...	2'50	...	Peshawar Full.
Mechanical Transport Training School.	59	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	16	4	1 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	1 ... ...	... ... ...	1	12	64	1'55	...	Dehra Dun and Sitapur.
Mechanical Transport Depot.	42	Admitted Died Invalided	8 ... ...	... ... ...	... ... ...	... ... ...	17 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	8 ... ...	... ... ...	... ... ...	14	99 ... 3	5'52	...	Deolali, 1st to April 30th 1921.
Details Royal Army Service Corps.	45	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	36	22 ... ...	... ... ...	... ... ...	3 1 ...	... ... ...	... ... ...	... ... ...	1	2	2 ... ...	... ... ...	1	4	93 4 ...	2'81	...	...
TOTAL--ROYAL ARMY SERVICE CORPS.	574	Admitted Died Invalided	10 ... ...	... ... ...	1 1 ...	3 1 ...	362 ... 1	104	1	2	8 3 ...	7 ... ...	... ... ...	1	18	7	2	1	3	89	891 9 7	29'54	...	...
MISCELLANEOUS FORMATIONS.																								
Royal Army Medical Corps.	346	Admitted Died Invalided	2	6 3 ...	... ... ...	2	113 ... 1	20 ... ...	... ... ...	2	4	3	1	1	10	13	14 ... ...	... ... ...	2	14	368 3 4	12'74	...	...
Royal Army Pay Corps.	100	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	1	16	1 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	7	4	3 ... ...	... ... ...	... ... ...	2	88 ... 13	4'81	...	Poona Full.
Attached Sections.	2,543	Admitted Died Invalided	43	1 ... ...	... ... ...	4 1 ...	583 7 3	43 ... ...	... ... ...	4 1 1	9 1 ...	33 3 5	1 ... 4	17 2 ...	40 1 4	21 1 ...	80	4 1 3	10 ... 2	416 ... 2	2,301 29 77	27'9'14	...	...
Convalescent Depôts.	94	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	19 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4 ... 1	8 ... 4	2 ... ...	... ... ...	... ... ...	8	78 ... 6	9'30	...	Wellington Full
Small Detachments.	1,610	Admitted Died Invalided	15	4	1	5 1 ...	367 2 ...	65	2	4	29 2 1	20 2 ...	3 1 1	12 2 ...	35 ... 1	31 1 ...	28	1	10 ... 2	12	1,236 16 15	17'0'67	...	...
Garrison Staff and Departments.	3,280	Admitted Died Invalided	25	4 1 ...	... ... ...	17 3 ...	1,157 3 5	272 ... ...	... ... ...	5	47 3 ...	19 2 3	4	16 5 ...	47 4 ...	28 ... 1	47	2	9 ... 2	130	2,629 36 21	117'09	...	...

Units.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1920.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
LLANE- ORMA- —contd.																									
on the f March.	259	Admitted Died Invalided	3 ... ...	... ... ...	... ... ...	... ... ...	52	24	11 ... ...	... ... ...	6	5 ... ...	... ... ...	... ... ...	... ... ...	2	11 ... ...	... ... ...	... ... ...	9	232	0'65 ... ...	...		Y. M. D.
MIS- NEOUS ATIONS	8,262	Admitted Died Invalided	90	15 5 ...	1	29 5 ...	2,307 12 9	425	13	17 1 2	95 6 1	80 7 10	9 1 5	46 9 ...	148 5 6	107 2 6	185	7 3 3	31 ... 6	691 ... 2	6,932 84 136	594'44 ... ...	...	
ARY.	4,045	Admitted Died Invalided	6	1 1 ...	2 1 ...	18 1 ...	737 1 ...	385	1	13	45 6 ...	53 ... 7	2 1 ...	21 1 ...	102 1 1	30 ... 1	93	3	20	304	3,566 20 47	153'15 ... ...	...	
egiment illery.	10,402	Admitted Died Invalided	62	5 2 ...	5 1 ...	36 3 2	3,656 9 8	711	4	17 ... 1	185 16 ...	116 3 17	10 2 6	38 7 ...	257 7 6	119 1 4	28	6 2 ...	63	1,072 ... 1	11,094 77 138	504'10 ... ...	...	
ngineers	1,108	Admitted Died Invalided	16 ... ...	... ... ...	5	3	988 ... 1	190 ... ...	... ... ...	2	17 1 ...	15 2 2	2	1	29 2 ...	16	49	2	6	99	1,966 11 14	67'09 ... ...	...	
32,815		Admitted Died Invalided	250 2 ...	15 1 ...	18 3 ...	112 10 1	10,503 19 16	5,410	18	128 1 7	747 35 3	356 9 82	38 4 26	123 13 ...	863 11 12	423	877 ... 1	26 10 3	144 ... 1	4,106 ... 2	34,635 194 397	1,666'97 ... ...	...	
Cun	797	Admitted Died Invalided	... ... ...	2 2 ...	... ... ...	... ... ...	208	29 ... ...	... ... ...	3	2	5 ... ...	... ... ...	... ... ...	17	3	10 ... ...	... ... 1	... ... ...	77	662 ... 8	31'01 ... ...	...	
orps	378	Admitted Died Invalided	10 ... ...	... ... ...	... ... ...	1	317 3 ...	133 ... ...	... ... ...	... ... ...	18	7 ... 1	1 ... ...	... ... ...	17 1 ...	4	12 ... ...	... ... 1	... ... ...	41	775 7 2	23'74 ... ...	...	
Army ce Corps.	574	Admitted Died Invalided	10 ... ...	... ... ...	1 1 ...	3 1 ...	362 ... 1	104	1	2	8 3 ...	7 ... ...	... ... ...	1	18	7	29	1	3	89	891 9 7	29'54 ... ...	...	
anexus ations.	8,262	Admitted Died Invalided	90	15 5 ...	1	29 5 ...	2,307 12 9	425	13	17 1 2	95 6 1	80 7 10	9 1 5	46 9 ...	148 5 6	107 2 6	185	7 3 3	31 ... 6	691 ... 2	6,932 84 136	594'44 ... ...	...	
-INDIA	58,681	Admitted Died Invalided	444 2 ...	38 23 ...	32 7 ...	202 20 3	18,878 44 35	4,387	37	182 2 10	1,117 67 4	639 21 118	62 8 41	236 31 ...	1,451 27 25	709 9 18	1,535 ... 1	45 15 8	267 ... 7	6,470 ... 4	60,515 408 749	3070'04 ... ...	...	

TABLE XII.

STATISTICS OF OFFICERS, WOMEN AND CHILDREN (INCLUDING WIVES AND CHILDREN OF BRITISH OFFICERS).

SICKNESS and MORTALITY 1921.

	OFFICERS.						
	Northern Command.	Western Command.	Eastern Command.	Southern Command.	Burma Indpt. District.	Waziristan Force.	India
STRENGTH	919	283	624	1,124	70	102	3,122
CASES REMAINING FROM 1920	23'9	17'7	22'4	16'0	14'3	19'6	19'5
CONSTANTLY SICK	29'21	23'29	32'13	30'31	25'00	29'61	29'5
INVALIDING	9'8	10'6	11'2	29'3	42'9	...	17'
ADMISSIONS.							
Influenza	8'7	21'2	25'6	6'2	...	9'8	12'5
Cholera	1'1	...	3'2	...	...	...	1'
Small-pox . . . . .	...	...	...	0'9	...	...	0'
Measles	3'3	...	1'6	3'6	...	...	2'0
Whooping cough . . . . .	...	...	...	...	...	...	...
Enteric Group of Fever	4'4	7'1	9'6	6'2	...	9'8	6'5
Malaria	131'7	169'6	137'8	142'1	85'7	451'0	149'0
Sandfly Fever	156'7	53'0	38'5	7'1	...	205'9	67'1
Pyrexia of uncertain origin	2'2	...	1'6	2'7	...	...	1'0
Pulmonary Tuberculosis	1'1	...	6'4	2'7	...	...	2'0
Other Tubercular Diseases . . . . .	...	...	...	...	...	...	...
Lobar Pneumonia	5'4	3'5	...	3'6	...	...	3'5
Other Respiratory Diseases	26'1	17'7	32'1	32'0	28'6	..	27'
Dysentery	18'5	17'7	17'6	16'9	42'9	...	17'
Diarrhœa	37'0	49'5	52'9	36'4	14'3	19'6	40'0
Hepatic Abscess . . . . .	...	...	...	2'7	...	...	1'0
„ Congestion	3'3	10'6	11'2	6'2	...	...	6'5
Eye Diseases	4'4	7'1	1'6	1'8	...	...	2'0
Anæmia	1'1	...	4'8	...	..	...	1'0
Abortion and other affections . . . . .	...	...	...	...	...	...	...
Affections connected with and consequent on parturition . . . . .	...	...	...	...	...	...	...
All other diseases peculiar to women . . . . .	...	...	...	...	...	...	...
Venereal Diseases	1'1	...	6'4	9'3	...	9'8	5'5
ALL CAUSES	743'2	671'4	795'5	691'8	700'0	1,029'4	737'1
DEATHS.							
Cholera . . . . .	...	...	1'60	...	...	...	0'32
Small-pox . . . . .	...	...	...	...	...	...	...
Diphtheria . . . . .	...	...	...	...	...	...	...
Enteric Group of Fever	1'09	3'53	1'60	...	...	...	0'96
Malaria	1'09	...	...	0'89	...	...	0'64
Pyrexia of uncertain origin . . . . .	...	...	...	...	...	...	...
Heat-stroke	1'09	..	...	...	...	...	0'32
Circulatory Diseases . . . . .	...	...	...	0'89	...	...	0'32
Pulmonary Tuberculosis . . . . .	...	...	...	...	...	...	...
Other Tubercular Diseases . . . . .	...	...	...	...	...	...	...
Convulsions . . . . .	...	...	...	...	...	...	...
Lobar Pneumonia . . . . .	...	...	...	0'89	...	...	0'32
Other Respiratory Diseases . . . . .	...	...	...	...	...	...	...
Teething . . . . .	...	...	...	...	...	...	...
Dysentery . . . . .	...	...	...	...	...	...	...
Diarrhœa . . . . .	...	...	...	...	...	...	...
Hepatic Abscess	1'09	...	...	...	...	...	0'32
Anæmia, and Premature birth . . . . .	...	...	...	...	...	...	...
Abortion and affections connected with and consequent on parturition . . . . .	...	...	..	...	...	...	...
ALL CAUSES	6'53	14'13	8'01	7'99	...	9'80	8'01

	WOMEN.						
	Northern Command.	Western Command.	Eastern Command	Southern Command	Burma Indpt. District.	Waziris- tan Force.	India.
STRENGTH	1,651	526	1,205	2,118	202	35	5,737
CASES REMAINING FROM 1920	15'1	9'5	8'3	14'6	5'0	...	12'5
CONSTANTLY SICK	11'44	12'79	15'23	17'03	13'47	19'71	14'55
INVALIDING	3'0	7'6	3'3	8'0	14'9	28'6	5'9
ADMISSIONS.							
Influenza	4'2	1'9	1'7	1'9	...	...	2'4
Cholera	0'6	...	1'7	...	...	...	0'5
Small-pox	1'2	...	3'2	3'8	...	...	2'4
Measles	0'6	...	1'7	1'9	...	...	1'2
Whooping cough	0'6	...	0'8	...	...	...	0'3
Enteric Group of Fever	13'3	11'4	8'3	16'1	...	28'6	9'1
Malaria	36'3	52'7	57'3	69'4	9'9	114'3	54'9
Sandfly Fever	24'8	11'4	8'3	0'9	...	...	10'3
Septicæmia of uncertain origin . . . . .	...	1'9	2'5	...	...	...	0'7
Pulmonary Tuberculosis	1'2	...	0'8	2'8	9'9	...	1'9
Other Tuberculosis Diseases . . . . .	...	...	...	1'4	...	...	0'5
Lobar Pneumonia	2'4	1'9	0'8	1'9	...	...	1'7
Other Respiratory Diseases	6'1	3'8	16'6	18'9	14'9	...	13'1
Dysentery	5'5	17'1	10'8	8'5	5'0	57'1	9'1
Gonorrhœa	7'9	26'6	24'9	16'1	9'9	28'6	16'4
Pyæmic Abscess . . . . .	...	...	...	...	...	...	...
Septicæmia, Congestion	1'2	...	5'8	1'4	...	...	2'1
Other Diseases	1'8	3'8	0'8	2'8	...	...	2'1
Anæmia	25'4	39'9	42'3	22'2	5'0	...	28'2
Parturition and other affections	23'6	26'6	37'3	29'7	9'9	8'7	28'9
Actions connected with and consequent on parturition	4'8	1'9	5'0	4'7	5'0	...	4'5
Other diseases peculiar to women	34'5	43'7	39'0	28'3	59'4	28'6	34'9
Verminous Diseases	0'6	...	...	1'4	...	...	0'7
ALL CAUSES	368'9	429'7	489'6	471'2	351'5	600'0	438'4
DEATHS.							
Cholera	0'61	...	0'83	...	...	...	0'35
Small-pox	0'61	...	...	...	...	...	0'17
Typhoid . . . . .	...	...	...	...	...	...	...
Enteric Group of Fever	1'21	1'90	1'66	1'89	...	...	1'57
Malaria	0'61	1'90	...	0'47	...	...	0'52
Septicæmia of uncertain origin . . . . .	...	...	...	...	...	...	...
Cerebral stroke	0'61	...	0'83	...	...	...	0'35
Respiratory Diseases	1'21	...	...	0'94	...	...	0'70
Pulmonary Tuberculosis	0'61	...	...	0'94	...	...	0'52
Other Tubercular Diseases . . . . .	...	...	...	0'47	...	...	0'17
Convulsions . . . . .	...	...	...	...	...	...	...
Lobar Pneumonia . . . . .	...	...	...	...	...	...	...
Other Respiratory Diseases . . . . .	...	...	...	0'47	...	...	0'17
Septicæmia . . . . .	...	...	...	...	...	...	...
Dysentery . . . . .	...	...	...	...	...	...	...
Gonorrhœa . . . . .	...	...	...	...	...	...	...
Pyæmic Abscess . . . . .	...	...	...	...	...	...	...
Anæmia, and Premature birth . . . . .	...	...	...	...	...	...	...
Parturition and affections connected with and consequent on parturition	1'82	1'90	...	0'47	...	...	0'87
ALL CAUSES	9'69	5'70	7'47	8'50	...	...	8'02

EUROPEAN TROOPS, 1921,

TABLE XII—continued.

STATISTICS OF OFFICERS, WOMEN AND CHILDREN (INCLUDING WIVES AND CHILDREN OF BRITISH OFFICERS)—continued.
SICKNESS and MORTALITY, 1921—continued.

	CHILDREN.						
	Northern Command.	Western Command.	Eastern Command.	Southern Command.	Burma Indpt District.	Waziristan Force.	Indo
STRENGTH	1,950	576	1,495	2,545	224	19	
CASES REMAINING FROM 1920	6'2	1'7	6'7	10'6	...	...
CONSTANTLY SICK	6'31	9'20	10'11	13'41	11'56	3'68	10
INVALIDING	0'5	1'7	0'7	0'4	4'5	...	0
ADMISSIONS.							
Influenza	0'5	3'5	...	4'3	...	...
Cholera . . . . .	...	...	...	...	...	...
Small-pox	1'0	...	...	1'6	...	...
Measles	6'7	19'1	12'0	16'1	17'9	...	1
Whooping cough	3'1	...	2'0	1'2	...	...
Enteric Group of Fever	4'6	1'7	3'3	5'5	...	...
Malaria	21'5	39'9	50'2	71'4	4'5	157'9	5
Sandfly Fever	5'6	...	4'7	1'6	...	...
Pyrexia of uncertain origin . . . . .	...	...	0'7	...	...	...
Pulmonary Tuberculosis . . . . .	...	...	0'7	0'4	...	...
Other Tubercular Diseases . . . . .	...	...	...	0'4	...	...
Lobar Pneumonia	3'1	1'7	2'7	2'4	...	...
Other Respiratory Diseases	33'3	34'7	37'5	32'2	49'1	...	3
Dysentery	2'1	15'6	6'7	6'3	13'4	...	
Diarrhoea	24'6	48'6	42'1	36'9	53'6	...	3
Hepatic Abscess . . . . .	...	...	...	...	...	...
„ Congestion . . . . .	...	...	0	...	...	...
Eye Diseases	3'1	8'7	4'7	14'1	...	...
Anæmia	0'5	12'2	11'4	0'8	8'9	...	
Abortion and other affections . . . . .	...	...	...	...	...	...
Affections connected with and consequent on parturition . . . . .	...	...	...	...	...	...
All other diseases peculiar to women . . . . .	...	...	...	...	...	...
Venereal Diseases . . . . .	...	...	...	2'4	8'9	...	
ALL CAUSES	224'1	300'3	350'5	426'7	299'1	157'9	33
DEATHS.							
Cholera . . . . .	...	...	...	...	...	...
Small-pox . . . . .	...	...	...	0'79	...	...	10
Diphtheria	1'43	...	...	...	...	...	0
Enteric Group of Fever . . . . .	...	...	...	...	...	...
Malaria . . . . .	...	1'74	0'67	1'57	...	...	0
Pyrexia of uncertain origin . . . . .	...	...	...	...	...	...
Heat-stroke	0'51	1'74	...	0'79	...	...	0
Circulatory Diseases . . . . .	...	3'47	...	0'39	...	...	0
Pulmonary Tuberculosis . . . . .	...	...	0'67	...	...	...	0
Other Tubercular Diseases . . . . .	...	...	...	0'39	...	...	0
Convulsions	1'54	1'74	2'01	4'32	...	...	2
Lobar Pneumonia	1'03	1'74	...	1'18	...	...	0
Other Respiratory Diseases	3'08	3'47	3'34	1'95	4'46	...	2
Teething . . . . .	...	...	...	0'79	...	...	0
Dysentery . . . . .	...	3'47	...	1'57	4'46	...	1
Diarrhoea	1'03	5'21	3'34	4'32	13'39	...	3
Hepatic Abscess . . . . .	...	...	...	...	...	...
Anæmia, and Premature birth	2'05	...	4'01	2'36	...	...	25
Abortion and affections connected with and consequent on parturition . . . . .	...	...	...	...	...	...
ALL CAUSES	26'15	29'51	31'44	31'43	26'79	...	29

TABLE XIII.

DEATHS OF CHILDREN BY AGES AND CAUSES.

AGE AT DEATH.	Cholera.	Small-pox.	Diphtheria.	Enteric group of Fever.	Malaria.	Pyrexia of uncertain origin.	Tubercular Diseases.	Convulsions.	Respiratory Diseases.	Teething.	Dysentery.	Diarrhoea.	Anæmia, Inanition and Immaturity at birth.	ALL CAUSES.	Average Annual Strength.	Death rate per 1,000 of strength.	Liability. (The previous columns expressed in percentages.)
Under 6 months	1	...	...	1	...	...	13	10	...	1	17	16*	95	663	143'29	56'19
Between 6 and 12 months	4	...	...	5	4	...	...	6	...	48	963	49'82	19'94
" 12 and 18 "	1	...	6	2	2	1	...	25	845	29'59	11'00
" 18 and 24 "	1	...	...	...	...	...	1	...	1	...	...	12	874	13'73	5'38
" 2 years and 5 years	1	...	...	...	1	...	2	...	1	...	...	9	1,233	7'27	2'85
" 5 " and 10 "	1	...	...	...	...	...	...	2	...	2	...	...	9	1,301	6'92	2'71
" 10 " and 15 "	1	...	...	...	...	...	...	...	...	3	686	4'37	1'71
" 15 " and upwards	239	...	...
TOTAL	2	2	...	6	...	2	18	25	2	7	24	16	201	6,809	29'52	...

* Premature birth 8.

II.—INDIAN TROOPS, 1921.

TABLE C.

STATIONS by COMMANDS.

STATIONS.	Height above the sea- level in feet.*	Authority for height.†	STATIONS.	Height above the sea- level in feet.*	Authority for height.†	STATIONS.	Height above the sea- level in feet.*	Authority for height.†
NORTHERN COMMAND—			EASTERN COMMAND—					
Abbottabad	4,010	S. D.	Agra	522	S. D.			
Ali Masjid . . . . .	...	...	Alipore (Calcutta)	18	„			
Ambala	902	S. D.	Allahabad	311	„			
Amritsar	756	„	Almora	5,494	„			
Attock	1,110	„	Bareilly	561	„			
Bakloh	4,585	S. G.	Barrackpore	24	„			
Bannu	1,250	S. D.	Benares	256	„			
Campbellpore	1,180	„	Cawnpore	407	„			
Chakdara	2,358	„	Chakrata	6,885	„			
Chaklala . . . . .	...	...	Dehra Dun	2,229	„			
Cherat	4,286	S. D.	Delhi	706	„			
Chitral	4,980	„	Dinapore	171	„			
Dara Samand . . . . .	...	...	Fatehgarh	467	„			
Dardoni	3,036	S. D.	Fyzabad	327	„			
Dargai	1,540	„	Ghoom . . . . .	...	„		
Data Khel . . . . .	...	...	Gorakhpur . . . . .	...	„		
Dharmasala	4,500	S. D.	Gyantse	12,895	S. D.			
Ferozepore	645	„	Lansdowne	6,060	„			
Fort Cavagnari	6,100	„	Lucknow	320	„			
Fort Jamrud	1,550	„	Meerut	727	„			
Fort Lockhart	6,613	„	Muttra	557	„			
Hangu	2,708	„	Naini Tal	6,400	„			
Idak . . . . .	...	...	Rurki	877	„			
Jhelum	759	S. D.	Rai Bareli	351	S. G.			
Jullundur	900	S. G.	Shillong	4,921	S. D.			
Jutogh	6,778	S. D.	Shahjahanpur	507	S. G.			
Kakul . . . . .	...	...	Sitapur	444	S. D.			
Kalabagh and Baragali	7,983	S. G.	Takdah	5,300	„			
Kila Drosh	4,340	S. D.						
Kohat	1,700	„	SOUTHERN COMMAND :—					
Lahore Cantonment	706	„	Agar	1,671	S. D.			
Landi Kotal . . . . .	...	...	Ahmednagar	2,171	„			
Malakand	2,740	S. D.	Aurangabad	1,905	M. D.			
Mardan	1,000	„	Anandi . . . . .	...	„		
Mohamed Khel . . . . .	...	...	Arangaon . . . . .	...	„		
Montgomery	600	I. B.	Bangalore	2,999	S. D.			
Multan	404	S. D.	Belgaum	2,530	„			
Murree (Sunny Bank)	7,084	„	Bellary	1,481	„			
Nowshera	966	„	Bombay	20	„			
Peshawar	1,149	„	Cannanore	40	„			
Parachinar . . . . .	...	...	Deolali	1,892	„			
Rawalpindi	1,687	S. D.	Goonna	1,617	S. G.			
Risalpur	1,014	„	Jhansi	847	S. D.			
Saidgi . . . . .	...	...	Jubbulpore	1,318	„			
Sialkot	829	S. D.	Kamptee	938	„			
Simla	7,230	„	Kirkee	1,853	„			
Thal	2,450	„	Mhow	1,927	„			
			Neemuch	1,613	„			
WESTERN COMMAND—			Nowgong	735	„			
Ahmedabad	159	S. D.	Pachmarhi	3,490	„			
Ajmer	1,027	„	Poona	1,864	„			
Baroda	130	„	Santa Cruz	58	„			
Chaman	4,317	„	Satara	2,200	„			
D Ibai din . . . . .	...	...	Saugor	1,753	„			
Darya Khan . . . . .	...	...	Secunderabad and Bolaram	1,773	„			
Deoli	1,122	S. G.	St. Thomas' Mount and . . . . .	...	„		
Dera Ismail Khan	566	S. D.	Madras	250	„			
Deesa . . . . .	...	...	Sehore	1,616	„			
Erinpura	872	S. D.	Tigri Camp Kirkee . . . . .	...	„		
Fort Sandeman	4,600	„	Trichinopoly	254	S. D.			
Harnai . . . . .	...	...	Trivandrum	50	„			
Hindubagh	5,821	S. D.	Wellington	6,050	„			
Hyderabad (Sind)	94	„						
Jandola . . . . .	...	...	BURMA DISTRICT—					
Kalabagh and Mari Indus . . . . .	...	...	Bhamo	385	S. D.			
Karachi	33	S. D.	Mandalay (Fort Dufferin)	246	„			
Kaur Bridge . . . . .	...	...	Maymyo	3,506	„			
Khirgi . . . . .	...	...	Meiktila	773	„			
Kila Saifulla	5,080	S. D.	Port Blair	85	„			
Kotkai . . . . .	...	...	Rangoon	13	„			
Ladha . . . . .	...	...	Shewbo	345	„			
Loralai	4,699	S. D.						
Lakaband . . . . .	...	...				
Manzai . . . . .	...	...				
Murgha	5,012	S. D.						
Musakhel	4,400	„						
Nasirabad	1,461	„						
Piazza Raghza . . . . .	...	...				
Pishin	5,063	S. D.						
Quetta	5,507	„						
Rajkot	421	„						
Shelabagh	6,380	I. B.						
Sibi	436	S. D.						
Sora Rogha . . . . .	...	...				
Tank	880	S. D.						
Zirrah . . . . .	...	„					

* These heights are usually those of the survey-marks or of the mercury surface in barometer-cisterns of Meteorological Observatories.

† S. D. = Survey Department (Map Publication Office); S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Division of the Chief of the Staff; M. D. = Meteorological Department.

INDIAN TROOPS, 1921.

TABLE XIV.

RATIOS OF COMMANDS.

The ratios of admissions and deaths to strength are taken from Table XVI.

	RATIO PER 1,000 OF THE AVERAGE STRENGTH.						
	Northern Command.	Western Command.	Eastern Command.	Southern Command.	Burma District.	Waziristan District	* Army of India.
AVERAGE ANNUAL STRENGTH	66,368	22,707	31,635	30,292	5,275	17,721	175,384
CONSTANTLY SICK RATE	31'68	36'04	32'83	37'61	46'54	37'57	34'39
ADMISSION RATE OF THE YEAR—							
Influenza	9'3	36'5	12'5	19'4	3'0	0'5	14'4
Cholera	0'9	...	1'0	0'1	...	3'4	0'9
Small-pox	0'4	0'2	0'3	0'4	0'2	0'2	0'4
Enteric group of Fevers	1'0	0'3	0'5	0'7	0'4	0'5	0'7
Malaria	259'9	183'8	188'1	154'4	21'8	363'1	223'7
Sandfly Fever	49'6	7'4	7'2	1'4	...	26'7	24'1
Pyrexia of uncertain origin	0'3	0'1	0'9	0'03	...	0'2	1'2
Plague	0'1	...	...	0'2	0'6	0'1	0'1
Pulmonary Tuberculosis	4'3	2'8	4'1	3'3	2'8	4'0	3'8
Lobar Pneumonia	12'1	12'7	10'3	6'5	5'9	10'9	10'6
Other Respiratory Diseases	45'1	40'3	41'1	38'4	74'9	33'9	42'6
Dysentery	18'9	6'8	13'8	4'8	4'2	21'4	13'7
Diarrhœa	24'8	20'2	13'8	16'6	14'0	24'6	20'5
Hepatic {Abscess	0'1	0'1	0'1	0'2	...	0'2	0'1
{Congestion and Inflammation	0'5	0'7	0'7	1'0	0'4	0'6	0'6
Scurvy	0'3	1'7	0'1	0'1	0'2	5'3	0'9
Venereal Diseases	24'7	39'6	57'0	63'8	161'1	18'1	42'7
ALL CAUSES	631'6	659'7	633'1	648'9	791'1	793'9	679'7
DEATH RATE OF THE YEAR—							
Cholera	0'32	...	0'51	00'3	...	2'43	0'46
Small-pox	0'03	0'04	...	0'03	...	0'06	0'03
Enteric group of Fevers	0'21	0'04	0'16	0'10	...	0'06	0'14
Malaria	0'51	0'35	0'54	0'30	0'38	1'98	0'60
Sandfly Fever . . . . .	...	0'04	...	...	...	0'06	0'01
Pyrexia of uncertain origin . . . . .	...	...	...	...	...	...	...
Plague	0'02	...	...	0'20	...	0'05	0'05
Circulatory Diseases	0'15	0'44	0'16	0'26	0'19	...	0'19
Pulmonary Tuberculosis	0'90	0'97	0'66	0'59	0'76	1'07	0'83
Lobar Pneumonia	2'76	3'70	1'83	1'25	0'38	3'61	2'46
Other Respiratory Diseases	1'48	1'81	1'07	0'43	0'57	2'37	1'32
Dysentery	0'17	0'57	0'41	0'20	0'19	0'45	0'30
Diarrhœa . . . . .	...	...	...	0'03	...	0'06	0'01
Hepatic Abscess	0'05	0'04	...	...	...	...	0'02
Anæmia	0'06	...	0'09	0'03	...	0'56	0'11
ALL CAUSES	10'31	13'74	7'43	6'47	3'98	18'51	10'16

* Includes Troops on the line of march.

TABLE XV.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XV.

	RATIO PER 1,000 OF THE AVERAGE STRENGTH.												
	I Burma Coast and Bay Islands.	II Burma Inland.	III Assam.	IV Bengal and Orissa.	V Gange- tic Plain and Chutia Nagpur.	VI Upper Sub- Hima- laya.	VII N.-W. Frontier, Indus Valley, and N.-W. Raj- putana.	VIII S.-E. Rajpu- tana, Central India, and Gujarat.	IX Dec- can.	X West- ern Coast.	XI South- ern India.	XII Hill Stations.	Arn of India.
I.—AVERAGE ANNUAL STRENGTH .	1,001	3,246	...	1,918	8,736	37,944	55,333	10,872	17,219	3,453	4,890	29,356	175,38
II.—CONSTANTLY SICK RATE .	43'37	41'65	...	44'38	38'80	33'70	28'09	33'79	35'87	41'21	38'64	42'80	34'3
III.—ADMISSION RATE OF THE YEAR—													
Influenza . . . . .	...	4'9	...	23'1	34'2	9'3	3'6	10'0	18'2	10'7	30'5	31'9	14
Cholera . . . . .	...	...	...	...	0'2	0'7	2'0	0'6	0'1	...	...	0'2	0
Small-pox	1'0	...	...	...	0'1	0'6	0'3	0'1	0'5	0'3	0'6	0'1	0'
Enteric Group of Fevers . .	...	0'6	...	0'5	0'1	0'9	0'8	1'1	0'5	0'6	0'4	0'3	0'
Malaria	58'9	81'3	...	164'8	277'2	181'4	299'4	219'9	131'5	251'1	74'6	224'6	223
Sandfly Fever . . . . .	...	...	...	1'0	11'6	15'8	53'0	4'2	2'0	0'3	0'2	16'5	24
Pyrexia of uncertain origin .	...	...	...	...	0'1	0'6	0'2	0'1	...	...	0'2	0'5	1'
Plague	3'0	...	...	...	...	0'1	0'02	...	0'2	...	0'6	...	0'
Pulmonary Tuberculosis . .	2'0	2'8	...	1'5	2'5	3'8	4'0	4'3	3'0	5'2	3'3	4'3	3'
Lobar Pneumonia	13'0	2'2	...	7'2	9'5	12'8	10'9	14'5	6'0	9'6	2'9	11'2	10'
Other Respiratory Diseases .	167'8	58'5	...	66'7	44'8	36'1	40'7	40'4	32'1	49'5	50'7	51'8	42'
Dysentery	18'0	0'9	...	21'6	17'7	20'4	18'4	4'4	5'5	3'2	3'9	7'1	13'
Diarrhœa	2'0	6'2	...	4'1	12'2	17'4	29'7	14'2	15'1	32'4	16'6	17'3	20'
Hepatic { Abscess . . . . .	...	...	...	...	...	0'1	0'1	...	0'1	...	1'0	0'1	0'1
{ Congestion and . . . . .	...	0'6	...	...	0'2	0'6	0'4	0'9	0'9	2'0	0'4	0'9	0'0
{ Inflammation . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Scurvy	1'0	...	...	1'5	...	0'1	2'0	0'5	0'2	0'3	...	1'1	0'9
Venereal Diseases	120'9	175'0	...	87'3	60'9	44'4	21'6	38'4	70'3	57'1	77'1	33'0	42'7
ALL CAUSES	781'2	69'5	...	777'2	761'4	594'1	727'1	646'4	616'5	781'3	630'1	705'2	679'7
IV.—DEATH RATE OF THE YEAR—													
Cholera . . . . .	...	...	...	...	0'11	0'37	1'01	0'28	0'05	...	...	0'20	0'46
Small-pox . . . . .	...	...	...	...	...	0'05	0'02	0'09	...	...	...	0'03	0'03
Enteric Group of Fevers . .	...	...	...	...	...	0'16	0'20	0'18	0'06	0'29	...	0'10	0'14
Malaria . . . . .	...	...	...	1'03	0'92	0'47	0'74	0'37	0'17	1'45	...	0'82	0'60
Sandfly Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	0'07	0'01
Pyrexia of uncertain origin .	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague . . . . .	...	...	...	...	...	0'03	0'02	...	0'17	...	0'61	...	0'05
Circulatory Diseases . . . .	...	...	...	...	...	0'21	0'09	0'74	0'23	0'58	...	0'24	0'19
Pulmonary Tuberculosis . .	1'00	0'62	...	...	0'23	0'87	0'54	0'83	0'46	0'87	0'82	1'77	0'83
Lobar Pneumonia	2'00	...	...	0'51	2'17	2'79	2'53	3'86	1'28	0'87	0'82	3'07	2'46
Other Respiratory Diseases .	1'00	0'62	...	0'51	1'14	1'13	1'99	0'74	0'41	0'29	0'20	1'61	1'32
Dysentery . . . . .	...	...	...	...	0'34	0'29	0'18	0'55	0'12	0'29	0'20	0'61	0'30
Diarrhœa . . . . .	...	...	...	...	...	...	0'02	...	...	0'29	...	...	0'01
Hepatic Abscess . . . . .	...	...	...	...	...	0'08	...	...	...	...	...	0'03	0'02
Anæmia . . . . .	...	...	...	0'51	0'11	0'05	0'07	...	0'06	...	...	0'31	0'11
ALL CAUSES	4'99	2'77	...	5'65	8'24	8'99	11'82	9'84	5'98	7'53	7'16	14'07	10'16

*Excluding Group Extra India and Field Forces.

INDIAN TROOPS, 1921.

TABLE XVI.

RATIOS of STATIONS, GROUPS, and COMMANDS.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Sore.	Gonorrhœa.
t Blair . . .	144 {	...	...	...	...	34.7	...	...	...	...	...	13.9	13.9	6.9	...	...	...	...	20.8	41.7	250.0	11.94	6.9	27.8	6.9
		...	...	...	...	...	...	...	...	...	...	6.94	...	...	...	...	...	...	...	...	6.94	...	...	...	...
agoon . . .	857 {	...	...	1.2	...	63.0	...	...	3.5	4.7	2.3	12.8	193.7	19.8	2.3	...	...	1.2	2.3	134.2	870.5	48.65	36.2	54.8	43.2
		...	...	...	...	...	...	...	...	...	1.17	1.17	1.17	...	...	...	...	...	...	...	4.67	...	...	...	...
UP I.—BURMA COAST AND ISLANDS.	1,001 {	...	...	1.0	...	58.9	...	...	3.0	4.0	2.0	13.0	167.8	18.0	2.0	...	...	1.0	5.0	120.9	781.2	43.37	32.0	50.9	38.0
		...	...	...	...	...	...	...	...	...	1.00	2.00	1.00	...	...	...	...	...	...	...	4.99	...	...	...	...
tila . . .	882 {	18.1	...	...	2.3	56.7	...	...	...	3.4	1.1	2.3	46.5	1.1	11.3	...	1.1	...	...	222.2	683.7	47.43	60.1	61.2	100.9
		...	...	...	...	...	...	...	...	...	1.13	...	...	...	...	...	...	...	...	...	2.27	...	...	...	...
Dufferin (Man- lay) . . .	1,464 {	...	...	...	...	48.5	...	...	...	8.9	3.4	0.7	60.1	1.4	6.8	...	0.7	...	3.4	233.6	792.3	46.80	82.0	70.4	81.3
		...	...	...	...	...	...	...	...	...	0.68	...	1.37	...	...	...	...	...	...	...	2.73	...	...	...	...
bo . . .	102 {	...	...	...	...	68.6	...	...	...	...	...	29.4	68.6	...	...	...	...	...	9.8	196.1	911.8	59.51	42.0	98.0	42.0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9.80	...	...	...	...
no . . .	798 {	...	...	...	...	170.4	...	...	...	3.8	3.8	1.3	67.7	...	...	...	...	...	...	12.5	507.5	23.54	2.5	3.8	6.3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2.51	...	...	...	...
UP II.—BURMA INLAND	3,245 {	4.9	...	...	.6	81.3	...	...	...	5.9	2.8	2.2	58.5	.9	6.2	...	.6	...	1.8	175.0	696.5	41.65	55.5	52.4	67.2
		...	...	...	...	...	...	...	...	...	0.62	...	0.62	...	...	...	...	...	...	...	2.77	...	...	...	...
ore (Calcutta)	1,436 {	7.7	...	...	0.7	179.0	1.4	...	...	6.3	1.4	8.4	73.8	20.2	3.5	...	...	2.1	8.4	80.8	781.3	43.64	27.9	33.4	19.5
		...	...	...	...	0.70	...	...	...	...	...	...	0.70	...	...	...	...	...	0.70	0.70	6.27	...	0.70	...	...
Backpore . . .	512 {	66.4	...	...	...	125.0	...	...	...	11.7	2.0	3.9	46.9	25.4	5.9	...	...	...	2.0	105.5	765.6	46.46	54.7	23.4	27.3
		...	...	...	...	1.95	...	...	...	...	...	1.95	...	...	...	...	...	...	...	...	3.91	...	...	...	...
UP IV.—BURMA INLAND	1,948 {	23.1	...	...	.5	164.8	1.1	...	...	7.7	1.5	7.2	66.7	21.6	4.1	...	...	1.5	6.7	87.3	777.2	44.38	34.9	30.8	21.6
		...	...	...	...	1.03	...	...	...	...	...	.51	.51	...	...	...	...	...	.51	.51	5.65	...	.51	...	...

INDIAN TROOPS, 1921.

TABLE XVI—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.													
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Palmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Sore.	
B																									
Dinapore . . .	218	114'7 9'17	...	...	...	114'7	...	...	...	4'6	...	27'5 4'59	50'5	18'3	32'1	...	...	...	22'9	156'0	940'4 18'35	57'71	45'9	41'3
Benares . . .	637	...	...	...	1'6	80'1	...	...	...	3'1	7'9	15'7	69'1	17'3	17'3	...	...	...	9'4	50'2	536'9 6'28	32'48	9'4	12'6
Allahabad . . .	1,523	22'3	...	0'7	...	185'2	...	...	...	2'6	1'3	9'8	42'0	3'3	6'6	...	...	...	9'2	44'6	645'4 5'25	33'28	18'4	12'5
Rai Bareilly . . .	74	...	...	...	...	40'5	...	...	...	...	...	...	...	...	...	...	...	...	27'0	...	175'7 27'03	4'59	...	...
Fyzabad . . .	718	41'8	...	...	...	122'6	19'5	...	...	1'4	4'2	8'4	43'2	12'5	8'4	...	...	...	2'8	32'0	435'9 9'75	21'85	15'3	9'7
Lucknow . . .	3,214	45'1 1'87	0'6 0'31	...	...	150'9 0'62	20'5	0'3	...	1'2	1'9 0'31	7'8 0'62	40'1	18'0	9'0	...	0'6	...	2'5 '31	82'1 '31	618'9 7'78	41'75	29'6 '31	23'0
Cawnpore . . .	905	4'4	...	...	...	442'0 2'21	23'2	...	...	1'1	3'3	12'2 3'31	61'9 2'21	37'6 1'10	24'3	...	...	...	15'5	59'7	1,200'0 9'94	50'14	29'8	13'3
Sitapur . . .	771	79'1 3'89	...	...	...	37'6	...	...	...	1'3	1'3	10'4	36'3	...	19'5	...	...	...	1'3	46'7	477'3 6'49	18'78	20'8	16'9
Fatehgarh . . .	676	...	...	...	...	1,566'6 4'44	...	...	...	...	3'0	3'0	41'4	50'3	10'4	...	...	...	8'9	31'1	2,001'5 11'83	66'49	11'8	4'4
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	8,736	34'2 1'26	'2 '11	'1	'1	277'2 '92	11'6	'1	...	1'6	2'5 '23	9'5 2'17	44'8 1'14	17'7 '34	12'2	...	'2	...	6'6 '11	60'9 '11	761'4 8'24	38'80	23'0 '11	16'6	
A																									
Shahjahanpur . . .	70	...	...	...	...	14'3	14'3	...	...	...	...	...	14'3	...	...	...	14'3	...	...	...	200'0	8'71	...	...
Bareilly . . .	1,872	2'7	1'1	...	...	137'8	13'9	0'5	...	1'6	5'3	10'1	49'1	28'8	17'1	...	2'7	...	10'1	101'1	783'7 6'94	41'53	48'1	34'2
Meerut . . .	4,279	3'3	0'9	0'9	0'7	115'9	0'2	...	...	4'0	1'6	11'0	31'5	4'4	113'8	...	0'7	...	1'4	83'1	458'0 8'88	28'92	27'3	24'1
Rurk . . .	2,646	...	1'1	0'4	0'8	159'9	20'0	5'7	...	1'5	3'0	3'0	26'5	21'9	7'2	...	...	0'4	6'8	17'1	452'0 2'65	16'88	4'9	5'3
Dehra Dun . . .	4,799	1'1	2'8	0'2	0'4	131'4	3'6	...	...	2'3	4'0	14'6	34'2	15'5	15'3	0'2	0'8	...	0'8	58'1	539'5 7'43	32'45	10'8	28'9
Delhi . . .	1,822	...	...	...	0'5	144'9	3'3	...	...	12'6	2'2	11'0	51'0	4'4	21'4	...	...	...	2'7	36'1	663'6 4'94	30'50	14'8	9'3
Amballa . . .	3,012	...	...	...	0'3	104'9	18'6	...	...	5'0	1'7	8'3	17'3	16'9	12'6	...	0'3	0'3	4'0	29'8	355'2 5'98	27'27	10'0	8'3
B																									
Ferozepore . . .	2,218	67'6 3'61	...	0'5	0'9	81'6	55'5	0'9	...	2'7	4'5	10'8	14'4	33'8	13'5	...	0'5	...	3'6	30'7	561'8 8'57	29'22	8'6	8'6	
Jullundur . . .	1,910	27'2	...	1'6	1'0	234'6	7'9	...	...	2'6	6'3	9'4	11'0	4'2	0'5	...	0'5	0'5	6'3	20'4	545'0 5'24	27'87	6'8	4'7
Amritsar . . .	1,688	18'4	...	2'4	3'6	97'2	4'7	...	...	4'7	6'5	20'1	23'7	7'1	5'3	...	0'6	...	10'1	49'2	441'9 20'14	41'11	0'59	...
Lahore Cantonment	2,365	...	0'8	1'3	0'4	311'6	18'6	...	...	6'3	1'7	20'3	51'2	35'1	17'8	...	...	...	4'7	57'5	773'8 12'26	47'44	...	...
Sialkot . . .	2,560	32'0 2'73	...	0'4	2'0	196'1	8'2	0'4	...	0'42	0'42	5'92	1'27	...	...	...	...	...	1'6	30'9	607'0 12'11	37'69	11'3	7'8
Jhelum . . .	2,546	...	1'2	0'4	...	205'8	2'4	...	...	0'39	...	3'52	3'52	0'39	...	0'39	...	...	...	...	12'11	37'69	...	...
Chaklala . . .	604	3'3	...	...	1'7	79'5	16'6	...	...	...	1'18	3'93	0'39	...	...	...	...	...	3'1	18'5	579'7 8'64	31'18	...	...
Rawalpindi . . .	4,188	2'9 0'48	0'2	0'7	1'7	399'0	42'7	0'5	1'0	3'1	6'4	18'6	42'5	29'8	41'5	0'5	0'2	...	5'3	41'1	917'9 15'76	50'74	0'24	...	
Campbellpore . . .	1,193	...	...	...	1'7	86'3	25'1	...	...	1'7	5'0	...	47'8	10'9	19'3	...	...	...	5'0	28'5	591'8 6'71	25'58	...	...
Attock . . .	172	587'2	23'3	52'3	40'7	52'3	...	5'8	...	11'6	5'8	1,122'1	26'92
GROUP VI.—UPPER SUB-HIMALAYA.	37,944	9'3 '74	'7 '37	'6 '05	'9 '16	181'4 '47	15'8	'6	'1	4'0 '21	3'8 '87	12'8 2'79	36'1 1'13	20'4 '29	17'4	'1	'6	'1	4'2 '05	44'4 '05	594'9 8'99	33'70	13'8 '05	15'2	
A																									
Mardan . . .	1,360	...	...	...	4'4	158'1	...	2'2	...	1'5	5'1	16'9	59'6	2'9	15'4	...	...	...	2'9	32'4	520'6 80'9	23'71	19'9	1'5
Risalpur . . .	1,472	...	0'74	...	0'74	148'1	6'8	...	...	...	1'47	2'94	1'47	...	...	...	...	...	...	20'4	561'1 6'79	29'19	2'7	10'9
Nowshera . . .	4,004	...	0'2	...	1'0	120'4	57'4	...	...	1'5	2'2	19'0	62'7	7'5	31'7	...	0'5	...	4'0	15'7	532'0 5'99	25'91	4'0	4'0
Peshawar . . .	4,267	13'8 1'64	...	0'5	0'2	478'3 0'23	82'5	...	...	1'9	9'4	13'8	42'9	19'2	19'2	...	...	...	0'25	30'9	910'7 11'48	40'09	14'3 0'23	6'8

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK-RATE.	Syphilis.	Soft Sore.	Gonorrhœa.
Fort Jamrud .	3,108 {	3'9 1'29	9'7 1'93	... ...	3'2 ...	107'8 ...	62'1 ...	... ...	... ...	1'0 ...	1'9 0'97	6'4 0'97	12'9 ...	62'7 ...	24'5 ...	... ...	... ...	... ...	1'6 ...	20'3 ...	482'3 6'44	17'70	6'4 ...	5'8 ...	8'0 ...
li Masjid .	1,849 {	4'3 1'62	3'8 2'70	... ...	0'5 0'54	427'8 ...	123'3 ...	... ...	... ...	4'3 0'54	2'2 ...	16'8 5'95	48'7 ...	5'9 ...	99'0 ...	0'5 ...	1'1 ...	... ...	5'9 ...	22'2 ...	1,008'1 14'60	19'96	5'9 ...	3'8 ...	12'4 ...
ohat .	4,352 {	... ...	0'2 0'23	0'2 ...	0'2 0'23	514'9 0'23	10'6 ...	... ...	... ...	6'2 0'23	4'6 0'46	6'4 0'92	48'3 3'91	11'3 ...	35'2 ...	... ...	1'1 ...	0'7 ...	3'7 ...	24'8 ...	906'5 8'73	43'86	7'6 ...	9'2 ...	8'0 ...
hal .	647 {	... ...	1'5 ...	... ...	1'5 ...	391'0 3'09	7'7 ...	1'5 ...	... ...	7'7 ...	1'5 ...	7'7 4'64	51'0 ...	6'2 ...	52'5 ...	... ...	... ...	... ...	6'2 ...	7'7 ...	825'3 9'27	15'27	4'6 ...	3'1...	......
annu .	2,485 {	2'8 0'82	0'8 0'40	0'8 ...	1'2 ...	394'4 80	63'6 ...	0'8 ...	... ...	5'6 80	5'2 2'01	11'3 2'41	31'8 2'82	12'9 ...	30'6 ...	... ...	0'4 ...	... ...	4'0 0'4	18'9 ...	817'3 20'52	38'62	6'0 ...	3'6 ...	9'3 ...
ank .	1,489 {	... ...	6'0 3'36	1'3 0'67	2'7 0'67	611'1 2'01	36'3 ...	... ...	... ...	2'7 ...	8'1 ...	12'1 5'37	18'1 2'69	33'6 0'67	59'8 ...	... ...	... ...	1'3 ...	1'3 ...	23'5 ...	1,088'0 22'16	49'11	5'4 ...	8'7 ...	9'4 ...
era Ismail Khan	2,432 {	... ...	... ...	0'4 ...	0'8 ...	176'4 ...	27'5 ...	0'4 ...	... ...	1'2 ...	6'6 2'88	9'5 3'29	37'4 1'64	9'5 ...	21'8 ...	1'2 ...	0'4 ...	... ...	2'5 ...	23'0 ...	568'3 10'28	36'62	6'6 ...	3'3 ...	13'2 ...
atta Khel .	185 {	... ...	... ...	... ...	... ...	145'9 ...	... ...	... ...	... ...	5'4 ...	... ...	70'3 5'41	21'6 ...	21'6 ...	... ...	... ...	... ...	... ...	... ...	5'4 ...	373'0 5'41	5'78	5'4...	......	......
ohamed Khel .	98 {	... ...	... ...	... ...	... ...	214'3 ...	... ...	... ...	... ...	... ...	... ...	... ...	61'2 ...	30'6 ...	51'0 ...	... ...	... ...	... ...	... ...	... ...	1,051'0 357'14	5'92	......	......	......
alabagh and Mari Indus	437 {	16'0 ...	6'9 6'86	2'3 ...	... ...	421'1 ...	84'7 ...	2'3 ...	2'3 2'29	25'2 ...	4'6 2'29	13'7 ...	43'5 6'86	4'6 ...	9'2 ...	... ...	2'3 ...	... ...	27'5 ...	32'0 ...	1,043'5 27'45	29'43	9'2 ...	9'2 ...	13'7 ...
arya Khan .	158 {	... ...	... ...	... ...	... ...	101'3 ...	50'6 ...	... ...	... ...	... ...	... ...	19'0 ...	44'3 ...	... ...	12'7 ...	... ...	... ...	... ...	6'3 ...	6'3 ...	500'0 ...	21'14	... ...	... ...	6'3 ...
ontgomery .	180 {	... ...	... ...	... ...	... ...	11'1 ...	50'0 ...	... ...	... ...	... ...	... ...	... ...	22'2 ...	... ...	11'1 ...	... ...	... ...	... ...	55'6 ...	16'7 ...	377'8 ...	20'67	... ...	11'1 ...	5'6 ...
ultan .	2,073 {	... ...	... ...	1'0 ...	0'5 0'48	34'2 0'48	3'4 ...	... ...	... ...	1'4 ...	6'3 ...	8'7 1'44	15'9 ...	2'9 ...	1'9 ...	... ...	... ...	... ...	0'5 ...	13'5 ...	186'2 2'89	9'93	3'4 ...	3'8 ...	6'3 ...
B ndi Kotal .	3,565 {	22'2 1'40	... ...	... ...	0'8 0'56	184'0 0'28	228'0 ...	0'8 ...	... ...	1'7 0'28	2'8 0'56	8'7 1'68	19'1 0'28	24'7 0'84	52'2 ...	... ...	0'3 ...	2'5 ...	1'1 ...	19'6 ...	749'8 9'26	28'31	4'5 ...	3'4 ...	11'8 ...
arachinar .	883 {	... ...	... ...	... ...	1'1 1'13	568'5 2'27	2'3 ...	... ...	... ...	11'3 ...	2'3 ...	1'1 1'13	11'3 1'13	14'7 ...	97'4 ...	... ...	2'3 ...	1'1 ...	3'4 ...	19'3 ...	1,057'8 6'80	25'83	2'3 ...	9'1 ...	7'9 ...
ardoni .	2,642 {	0'8 ...	1'1 0'38	... ...	1'1 ...	257'5 0'38	126'1 ...	... ...	... ...	0'8 ...	4'2 ...	7'6 1'51	57'8 ...	3'4 0'38	3'8 ...	... ...	... ...	... ...	4'2 ...	12'1 ...	757'1 4'15	27'98	5'3 ...	0'8 ...	6'0 ...
arasmand .	626 {	... ...	... ...	... ...	... ...	329'1 ...	... ...	... ...	... ...	8'0 ...	3'2 ...	20'8 7'99	174'1 23'75	1'6 ...	1'6 ...	... ...	... ...	... ...	16'0 ...	9'5 ...	908'9 41'53	35'27	3'2 ...	3'2 ...	3'2 ...
ak .	961 {	2'1 ...	... ...	1'0 ...	... ...	153'0 ...	81'2 ...	... ...	... ...	5'2 ...	2'1 ...	18'7 5'20	15'6 ...	38'5 ...	18'7 ...	... ...	... ...	... ...	13'5 ...	13'5 ...	536'9 7'28	11'32	5'2 ...	2'1 ...	6'2 ...
idgi .	489 {	... ...	14'3 2'04	... ...	... ...	339'9 ...	55'2 ...	... ...	... ...	8'2 ...	4'1 ...	2'0 2'04	75'7 ...	8'2 ...	23'4 ...	... ...	2'0 ...	... ...	... ...	8'2 ...	856'8 6'13	11'06	2'0 ...	4'1 ...	2'0 ...
adha .	2,725 {	... ...	1'1 37	... ...	4 ...	175'4 37	... ...	... ...	... ...	1'5 ...	3'7 37	8'1 1'83	37'4 2'57	14'3 37	28'6 ...	4 ...	... ...	4 ...	7'3 ...	14 ...	435'6 9'17	22'83	3'7 ...	4'8 ...	5'9 ...
aza Rag hza .	1,080 {	... ...	1'9 ...	... ...	9 ...	687'0 1'85	10'2 ...	9 ...	... ...	2'8 ...	3'7 ...	4'6 93	37'0 2'78	60'2 ...	22'2 ...	... ...	... ...	3'7 ...	4'6 ...	13'9 ...	1,070'4 7'41	16'42	5'6 ...	... ...	8'3 ...
ra Rogha .	2,779 {	... ...	1'4 1'08	... ...	... ...	354'4 1'80	... ...	... ...	... ...	2'5 ...	2'2 ...	11'2 5'04	37'4 2'88	7 36	4'3 ...	... ...	4 ...	7'2 ...	55'8 ...	5'0 ...	734'8 14'75	19'35	1'8 ...	0'4 ...	2'9 ...

INDIAN TROOPS, 1921.

TABLE XVI—continued

RATIOS of STATIONS, GROUPS, and COMMANDS.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.												2. DEATH RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Sore.	Gonorrhœa.
Kotkai.	1,865	...	2'7 1'61	...	...	327'6 6'97	38'6	...	...	16'3	3'2 1'61	13'4 2'68	46'1 1'07	5	7'0	...	1'6	...	83'6	7'0	785'0 19'31	21'77	5	4'2	2'1
Khirgi	1,871	...	11'8 8'02	...	...	585'2 53	29'9	...	...	2'1	2'1	6'9 4'28	32'1 4'28	92'5 53	27'8	...	1'1	33'1	48'6	41'7	1,214'3 24'05	23'16	3'7	6'4	31'5
Kaur Bridge	93	...	...	...	...	161'3	129'0	...	...	...	...	43'0 10'75	32'3	53'8	43'0	...	...	...	...	64'5	688'2 10'75	22'90	10'8	32'3	21'5
Zirrah	36	138'9	...	...	...	527'8	...	...	...	...	...	...	27'8	...	...	...	...	55'6	...	...	1,305'6	28'06	...	...	...
Jan-dola	1,297	...	77 7'71	...	...	402'5 1'54	85'6	...	...	4'6	1'5	21'6 7'71	23'9	...	50'1 0'77	...	0'8	3'1	10'8	13'1	899'0 31'61	21'46	6'9	4'6	1'5
Sibi	53	...	...	...	...	...	...	...	...	...	...	...	18'9 18'87	...	...	...	...	...	...	...	18'9 18'87	9'31	...	...	...
C																									
Hyderabad (Sind).	1,524	10'5 1'97	...	0'7	0'7 0'66	88'6	3'3	0'7	...	3'3	2'0	4'6	14'4	...	1'3	...	...	...	3'9	61'7	375'3 2'62	22'92	18'4	26'2	17'1
Karachi	2,236	...	...	0'9	0'4	170'8	2'7	...	...	8'0	4'0 0'89	2'7 0'45	52'3 4'92	17'0	68'4	...	...	0'9	5'8	46'5	683'8 8'05	40'85	15'2	7'2	24'1
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJ-PUTANA.	55,333	3'6 43	2'0 1'01	0'3 0'02	8'20	299'4 74	53'0	2	0'02	3'7 0'09	4'0 54	10'9 2'53	40'7 1'99	18'4 18	29'7 0'02	...	4	2'0	10'8 0'07	21'6 0'02	727'1 11'82	28'09	6'6 0'02	5'4	9'5
A																									
Rajkot.	33	...	...	...	...	424'2	...	...	...	...	...	...	...	...	...	...	...	...	...	121'2	787'9 30'30	21'82	30'3	90'9	...
Deesa	995	...	...	...	1'0	137'7	20'1	...	...	4'0 1'01	3'0 1'01	33'2 8'04	60'3	2'0 1'01	14'1	...	...	...	5'0	86'4	685'4 19'11	41'93	21'1	27'1	38'2
Ahmedabad.	831	...	...	...	...	442'8	...	...	...	8'4 1'20	2'4 1'20	6'0 2'41	44'5 2'41	4'3	13'2	...	2'4	...	4'8	6'0	850'8 7'22	30'25	1'2	...	4'8
Baroda	569	...	...	...	...	256'6	...	...	...	1'8	1'8	3'5	24'6	5'3 1'76	12'3	...	...	...	1'8	31'6	523'7 1'76	21'25	10'5	12'3	8'8
B																									
Erinpura	228	105'3	...	...	...	35'1	...	...	...	...	...	...	21'9	...	4'4	...	...	13'2	13'2	4'4	403'5	10'09	...	...	4'4
Neemuch	98	...	...	...	...	204'1	51'0	...	...	...	...	...	234'7	...	10'2	...	...	...	20'4	91'8	1,836'7	51'02	51'0	30'6	10'2
Deoli	418	...	...	...	...	86'1 2'39	...	...	...	2'4 2'39	14'4 2'39	2'4 2'39	40'7	...	12'0	...	...	2'4	2'4	47'8	401'9 9'57	14'83	9'6	23'9	14'4
Nasirabad	907	...	...	...	1'1	192'9 1'10	...	...	...	2'2	6'6	23'2 6'62	44'1 1'10	3'3	8'8	...	1'1	...	24'3	25'4	621'8 12'13	29'42	8'8	9'9	6'6
Ajmer	533	...	...	...	...	170'7	...	1'9	...	5'6 5'63	9'4 3'75	28'1 7'50	67'5 1'88	20'6	16'9	...	...	1'9	11'3	22'5	643'5 18'76	31'24	7'5	7'5	7'5
Muttra	292	...	3'4 3'42	...	...	106'2	...	...	...	3'4	...	13'7 10'27	10'3	10'3 6'85	...	...	...	...	...	37'7	315'1 27'40	20'82	10'3	10'3	17'1
Agra	1,605	...	1'9 1'25	...	1'2 0'62	167'6 0'62	13'1	...	...	2'5	5'6 0'62	19'3 5'61	27'4	...	30'5	...	0'6	...	...	59'2	571'3 9'35	31'78	15'6	23'4	21'2

	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Sore.	Gonorrhœa.
	2,001 {	42'0 2'00	1'0 ...	... ...	2'0 0'50	409'8 ...	... ...	... ...	... ...	9'5 ...	4'0 0'50	11'0 1'50	47'5 0'50	3'0 0'50	7'5 ...	... ...	2'5 ...	... ...	5'0 ...	15'5 ...	881'6 6'00	43'98	9'0 ...	1'0 ...	5'5 ...
	220 {	...	...	...	...	413'6 ...	... ...	... ...	... ...	... ...	... ...	18'2 ...	22'7 ...	... ...	4'5 ...	... ...	... ...	... ...	13'6 ...	54'5 ...	963'6 ...	37'55	27'3 ...	... ...	27'3 ...
	202 {	...	...	...	...	19'8 ...	... ...	... ...	... ...	5'0 ...	... ...	5'0 ...	34'7 ...	... ...	... ...	... ...	5'0 ...	... ...	19'8 ...	14'9 ...	366'3 ...	13'27	5'0 ...	... ...	9'9 ...
	44 {	...	...	...	...	113'6 ...	... ...	... ...	... ...	... ...	... ...	... ...	22'7 ...	... ...	... ...	... ...	... ...	... ...	22'7 ...	... ...	500'0 22'73	13'41	......	......	......
	294 {	3'4 ...	... ...	... ...	... ...	37'4 ...	... ...	... ...	... ...	3'4 ...	... ...	3'4 3'40	40'8 ...	3'4 3'40	6'8 ...	... ...	... ...	... ...	6'8 ...	13'6 ...	595'2 6'80	25'82	3'4 ...	3'4 ...	6'8 ...
	1,602 {	...	...	0'6 '62	2'5 ...	102'4 0'62	... ...	... ...	... ...	2'5 1'25	4'4 1'25	11'2 3'12	25'0 1'87	8'7 ...	19'4 ...	... ...	... ...	... ...	1'9 ...	51'8 ...	443'8 10'61	44'94	20'0 ...	13'7 ...	18'1 ...
VIII.— EASTERN INDIA, ARAT	10,872 {	10'0 0'37	0'6 0'28	0'1 0'09	1'1 0'18	219'9 0'37	4'2 ...	0'1 ...	... ...	4'4 0'74	4'3 0'83	14'5 3'86	40'4 0'74	4'4 0'55	14'2 ...	... ...	0'9 ...	0'5 ...	5'8 ...	38'4 ...	646'4 9'84	33'79	12'5 ...	11'7 ...	14'2 ...
	898 {	...	...	...	1'1 ...	155'9 ...	6'7 ...	... ...	... ...	3'3 ...	3'3 1'11	6'7 ...	23'4 ...	3'3 ...	2'2 ...	... ...	... ...	... ...	11'1 1'11	12'2 ...	367'5 2'23	14'52	4'5 ...	1'1 ...	6'7 ...
	3,038 {	41'1 1'97	0'3 0'33	2'3 ...	1'0 ...	306'5 0'33	9'5 ...	... ...	1'0 0'66	4'5 0'66	4'3 0'33	2'0 0'66	26'0 0'33	8'6 ...	11'2 ...	... ...	... ...	... ...	4'3 ...	54'6 ...	924'6 7'57	47'26	20'1 ...	10'5 ...	24'0 ...
	330 {	...	...	...	3'0 ...	133'3 3'03	... ...	... ...	... ...	3'0 ...	3'0 ...	6'1 ...	30'3 3'03	... ...	27'3 ...	... ...	... ...	... ...	... ...	66'7 ...	684'8 9'09	38'42	21'2 ...	18'2 ...	27'3 ...
	642 {	...	...	...	...	110'6 ...	... ...	... ...	... ...	1'6 ...	3'1 ...	12'5 1'56	26'5 ...	10'9 ...	12'5 ...	... ...	3'1 ...	1'6 ...	... ...	71'7 ...	472'0 1'56	31'20	32'7 ...	15'6 ...	23'4 ...
	1,767 {	24'9 6'23	...	0'6 ...	... ...	28'3 0'57	... ...	... ...	... ...	3'4 ...	2'3 ...	9'6 1'13	28'9 ...	... ...	1'7 ...	... ...	1'7 ...	... ...	1'1 ...	92'2 ...	402'4 9'05	24'22	49'2 ...	21'5 ...	21'5 ...
	126 {	...	...	...	...	15'9 ...	... ...	... ...	... ...	... ...	7'93 ...	... ...	15'9 ...	... ...	... ...	... ...	... ...	... ...	... ...	39'7 ...	127'0 7'93	3'81	7'9 ...	15'9 ...	15'9 ...
	110 {	...	...	...	...	90'9 ...	... ...	... ...	... ...	36'4 ...	... ...	18'2 ...	100'0 ...	9'1 ...	27'3 ...	... ...	... ...	... ...	... ...	... ...	590'9 ...	42'91	......	......	......
	2,528 {	14'6 0'79	... ...	... ...	0'8 ...	54'2 ...	... ...	... ...	... ...	2'8 ...	1'6 0'79	7'9 1'98	19'8 ...	11'5 0'40	46'7 ...	0'4 ...	1'6 ...	0'4 ...	... ...	69'6 ...	540'7 4'75	30'55	24'1 ...	26'1 ...	19'4 ...
	2,381 {	...	...	...	...	212'9 ...	... ...	... ...	... ...	5'0 ...	2'9 0'42	4'6 1'70	23'9 ...	6'3 ...	16'0 ...	... ...	... ...	... ...	3'8 ...	91'1 ...	767'3 5'04	43'04	33'2 ...	36'1 ...	21'8 ...
amp Kirkee	555 {	43'2 1'80	... ...	... ...	... ...	75'7 ...	... ...	... ...	... ...	5'4 ...	... ...	14'4 5'40	97'3 ...	... ...	3'6 ...	... ...	... ...	... ...	1'8 ...	72'1 ...	592'8 10'81	42'11	28'8 ...	18'0 ...	25'2 ...
	247 {	...	...	...	...	48'6 ...	... ...	... ...	... ...	... ...	... ...	... ...	20'2 ...	8'1 ...	28'3 ...	... ...	... ...	... ...	4'0 ...	64'8 ...	307'7 ...	14'90	8'1 ...	28'3 ...	28'3 ...

TABLE XVI—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.		
Secunderabad .	2,812 {	25'6 0'36	...	...	0'7 0'36	77'2	...	...	0'4 0'36	3'2 0'36	3'9 0'36	3'9 1'07	32'0 0'36	3'9 0'36	9'2	...	0'7	...	0'4	67'2	590'7 5'33	39'33	32'7	16
Belgaum .	1,785 {	...	...	...	...	56'6	...	...	...	3'9 0'56	3'9 0'56	7'3 1'12	58'8 2'24	...	5'6	...	2'2	0'6	2'8	89'6	502'0 6'72	35'29	48'2	20
GROUP IX.— DECCAN.	17,219 {	18'2 1'22	0'1 0'06	0'5 ...	0'5 0'06	131'5 0'17	2'0	...	0'2 0'17	3'9 0'23	3'0 0'46	6'0 1'28	32'1 0'41	5'5 0'12	15'1	0'1	0'9	0'2	2'4 0'06	70'3	616'5 5'98	35'87	30'2	19	
Bombay .	1,276 {	14'1 0'78	...	0'8 ...	0'8 0'78	476'5 2'35	...	...	...	1'6 0'78	7'0 2'35	24'3 1'57	57'2	6'3 0'78	56'4 0'78	...	2'3	0'8	10'2	90'9	1,221'0 14'10	59'15	18'8	30
Santa Cruz .	463 {	...	...	...	...	8'6 4'32	2'2	...	...	...	2'2	2'2 2'16	77'8	...	15'1	...	4'3	...	36'7	36'7	289'4 8'64	12'40	4'3	21
Cannanore .	1,205 {	...	...	...	0'8	35'7	...	...	...	2'5	3'3	0'8	39'0	2'5	2'5	...	0'8	...	...	32'4	341'1	39'44	15'8	12
Trivandrum .	67 {	14'9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14'9	...	...	...	258'5	15'52	...	...
Deolali .	442 {	40'7	...	...	...	479'6	...	...	...	6'8 2'26	9'0	...	43'9 2'26	...	67'9	...	...	...	43'0	56'6	1,300'9 9'05	56'36	15'8	22
GROUP X.— WESTERN COAST.	3,453 {	10'7 0'29	...	0'3 ...	0'6 0'29	251'1 1'45	0'3	...	...	2'3 0'58	5'2 0'87	9'6 0'87	49'5 0'29	3'2 0'29	32'4 0'29	...	2'0	0'3	14'2	57'1	781'3 7'53	41'31	15'1	23
A																									
Bellary .	340 {	26'5	...	...	...	55'9	...	2'9	...	23'5	8'8 5'88	11'8 5'88	67'6	11'8 2'94	...	...	...	...	11'8	79'4	688'2 26'47	44'88	41'2	17
Bangalore .	3,493 {	32'9 0'86	...	0'9 ...	0'3	48'7	0'3	...	0'9 0'86	4'3	2'0 0'57	1'4	46'1	2'3	17'5	1'4	...	...	0'9	73'9	579'2 5'15	36'81	34'9	18
B																									
Trichinopoly .	386 {	44'0 2'59	...	...	...	349'7	...	...	...	10'4	10'4	13'0 5'18	57'0	2'6	10'4	...	...	...	2'6	57'0	1,041'5 15'54	38'65	18'1	20
St. Thomas' and Mount Madras.	671 {	11'9	...	...	1'5	61'1	...	...	...	1'5	3'0	...	62'6 1'49	8'9	23'8	...	3'0	...	...	104'3	628'9 2'98	45'01	47'7	34
GROUP XI.— SOUTHERN INDIA.	4,890 {	30'5 '82	...	'6 ...	'4	74'6	'2	'2	'6 '61	5'7	3'3 '82	2'9 '82	50'7 '20	3'9 '20	16'6	1'0	'4	...	1'6	77'1	630'1 7'16	38'64	35'8	20	
Maymyo .	1,028 {	...	...	...	...	186'8 1'95	...	...	...	2'9 0'97	3'9 0'97	10'7	36'0	1'0 0'97	50'6	...	...	...	42'8	156'6	1,090'2 6'81	65'05	32'1	27
Gorakhpore .	241 {	8'3	...	...	4'1 4'15	141'1 4'15	...	...	...	...	20'7 8'30	4'1	74'7	8'3	16'6	...	4'1	...	4'1	8'3	431'5 20'75	17'76	4'1	...
Shillong .	70 {	...	...	...	...	100'0	...	...	...	...	...	...	42'9	28'6	14'3	...	...	...	...	28'6	371'4	16'14	14'3	...
Ghoorn .	120 {	8'3	...	...	...	41'7	...	58'3	...	...	8'3 8'33	16'7	83'3	8'3 8'33	8'3	...	...	...	...	25'0	400'0 25'00	20'67	8'3	8'3
Gyantse .	24 {	...	...	...	...	...	...	41'7	...	41'7	...	...	41'7	...	...	...	...	...	...	...	166'7	8'33	...	...
Almora .	648 {	38'6	1'5	...	1'5 1'54	169'8 1'54	...	...	...	...	...	3'1 1'54	29'3 1'54	15'4	9'3	...	...	...	...	34'0	484'6 7'72	25'62	6'2	3'1

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.													2. DEATH RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK-RATE.	Syphilis.	Soft Sore.	Gonorrhœa.	
Tal . . .	41 {	..	..	..	..	..	..	..	..	..	..	122'0	..	..	..	..	..	..	..	..	512'2	13'60	..	..	..
hata . . .	33 {	..	..	..	..	..	..	..	..	..	60'6	30'3	..	30'3	..	..	..	..	..	..	272'7	10'30	..	..	..
owne . . .	2,051 {	..	1'0 0'98	..	1'0	301'8 0'49	..	..	..	2'9	17'1 1'95	10'2 0'98	80'4	0'5	17'1	..	1'0	..	5'9	15'6	749'9 4'88	32'82	4'9	4'4	6'3
h . . .	338 {	..	..	..	..	133'1	..	5'9	..	..	17'8 2'96	5'9	56'2 2'96	20'7	11'8	3'0	5'9	..	3'0	8'9	461'5 11'83	17'22	5'9	..	3'0
. . .	123 {	..	..	8'2	..	139'3	..	16'4	..	..	..	8'2	32'8	..	41'0	..	..	2'2	..	..	327'9	8'03	..	..	..
. . .	267 {	..	..	..	..	7'5	..	..	..	..	..	7'5 3'75	56'2	..	15'0	..	7'5	..	15'0	18'7	325'8 7'49	20'07	7'5	7'5	3'7
nsala . . .	291 {	6'9	..	..	..	261'2	13'7	..	..	..	17'2	3'4	65'3	20'6	6'9	..	..	..	..	37'8	670'1 6'87	22'78	24'1	6'9	6'9
h . . .	816 {	..	1'2 1'23	..	2'5 1'23	279'4	..	..	..	..	7'4 4'90	8'6 3'68	53'9	..	39'2	..	1'2	1'2	15'9	22'1	571'1 13'48	41'80	15'9	..	6'1
ke (Sunney lk).	110 {	90'9	..	..	..	881'8	..	..	..	..	9'1	36'4	9'1	72'7	..	..	..	..	90'9	1,854'5 9'09	62'00	45'5	36'4	9'1	
bagh and ragali.	140 {	7'1	..	..	..	100'0	..	..	..	..	..	..	21'	14'3	7'1	..	..	..	..	35'7	357'1	14'21	14'3	14'3	7'1
hal . . .	163 {	..	..	..	..	251'5 6'13	454'0	..	..	..	6'1	..	30'	..	18'4	..	..	..	..	6'1	1,116'6 6'13	38'83	..	..	6'1
Drosh . . .	984 {	58'9 1'02	..	..	1'0	124'0	134'1	..	..	5'1 1'02	2'0 2'03	2'0 1'02	5'1 1'0	2'0	26'4	..	..	..	..	3'0	906'5 7'11	35'48	1'0	..	2'0
M kand . . .	819 {	..	..	..	1'2	202'7 2'44	83'0	..	..	4'9	6'1 1'22	13'4 3'66	44'0 2'44	15'9	25'6	..	..	..	..	15'9	6 7'8 9'77	14'66	4'9	1'2	9'8
ai . . .	523 {	..	..	..	..	181'6	5'7	..	..	..	..	26'8 1'91	49'7	13'4	1'9	..	1'9	..	..	17'2	460'8 5'74	17'61	7'6	5'7	3'8
ardara . . .	320 {	9'4	..	..	..	140'6	..	3'1	..	6'3	6'3	6'3	62'5	..	..	..	3'1	..	..	3'1	421'9 3'13	15'44	..	..	3'1
ottabad . . .	3,193 {	0'6	..	..	..	338'2 0'63	5'9	..	..	1'6	5'6 4'38	6'3 1'25	107'1 3'13	10'3	1'3	0'3	..	..	0'9	28'2	717'5 9'40	42'69	5'6	12'5	10'0
ul . . .	89 {	..	..	..	..	202'2	..	..	..	..	..	..	67'4	11'2	..	..	..	..	..	11'2	764'0	2'36	..	..	11'2
rat . . .	70 {	..	..	..	..	371'4	..	..	..	..	..	..	57'1	8	28'6	..	28'6	..	..	..	757'1 14'29	15'43	..	..	..
Lockhart . . .	291 {	134'0 6'87	..	..	..	457'0	13'7	..	..	3'4	3'4	10'3	55'0 6'87	..	..	..	..	..	27'5	6'9	890'0 13'75	27'80	..	..	6'9
gu . . .	389 {	..	..	..	..	611'8	5'1	2'6	..	5'1	..	28'3 20'57	108'0 5'14	10'3	7'7	..	..	..	33'4	12'9	1,051'4 25'71	28'17	2'6	2'6	7'7
Cavagnary . . .	56 {	89'3	..	..	..	142'9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	339'3	1'43	..	..	..
Sandeman . . .	1,583 {	18'3 6'32	..	..	..	329'8 0'63	26'5 0'63	..	..	7'6 0'63	0'6 2'53	10'7 5'69	17'1	..	56'9	0'6	..	0'6	8'2	11'4	836'4 18'93	37'55	3'8	0'6	6'9
adubagh . . .	305 {	..	..	..	..	59'0	..	..	..	..	..	32'8 3'28	26'2	..	9'8	..	..	..	3'3	16'4	275'4 3'28	9'34	..	3'3	13'1
sa Khel . . .	23 {	..	..	..	..	1,043'5	..	..	..	..	..	..	..	87'0 43'48	..	..	..	..	..	..	1,347'8 43'48	27'83	..	..	..
a Saifulla . . .	33 {	..	..	..	..	30'3	..	..	..	..	..	30'3 30'30	30'3	..	..	..	..	..	..	..	393'9 30'30	7'88	..	..	..
rgha . . .	999 {	114'1 24'02	..	..	..	147'1 2'00	6'0	..	..	9'0	2'0	19'0 9'01	48'0 1'00	15'0 6'01	11'0	..	2'0	14'0	2'0	34'0	752'8 42'04	38'01	9'0	4'0	14'0
alai . . .	1,483 {	48'5 10'79	..	..	..	503'0 1'35	12'8	..	..	6'1	2'0	4'7 3'37	63'4 6'74	5'4 2'70	1'3	..	0'7	6'1	0'7	8'8	981'1 29'67	47'17	2'0	2'7	4'0

TABLE XVI—concluded.
RATIOS of STATIONS, GROUPS, and COMMANDS.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK-RATE.	Syphilis.	Soft Sore.	
Lakaband . . .	184 {	173'9 10'87	...	...	5'4	353'3	...	...	...	...	5'4	16'3 5'43	16'3	...	32'6	...	5'4	10'9	21'7	16'3	1,146'7 21'74	35'43	5'4	5'4
Dalbandin . . .	128 {	...	...	...	...	320'3	...	...	...	15'6	...	7'8	132'8	15'6	...	...	...	...	15'6	7'8	1,078'1	24'22	...	7'8
Quetta . . .	6,781 {	61'6 3'24	...	0'3 0'15	...	67'2 0'15	4'0	...	...	7'8 0'44	2'1 1'62	13'1 3'39	29'8 1'33	9'6	5'9	0'1 0'15	1'0	0'4	1'9	57'7 0'15	529'0 12'83	42'85	10'8 0'15	22'4
Harnai . . .	421 {	2'4 2'38	...	...	2'4	933'5	2'4	...	...	...	...	78'4 28'50	83'1 4'75	...	116'4	...	...	...	...	28'5	1,581'9 40'38	68'05	4'8	11'9
Pishin . . .	730 {	...	...	...	...	69'9	57'5	...	...	2'7	2'7	11'0	87'7 1'37	...	12'3	...	1'4	...	43'8	41'1	768'5 4'11	25'75	6'8	15'1
Shelabagh . .	78 {	...	...	...	...	102'6	...	...	...	...	...	...	179'5	...	12'8	...	...	...	...	...	679'5	10'90	...	...
Manzai . . .	1,495 {	0'7 ...	2'0 2'01	...	...	299'7 5'35	30'1 0'67	0'7	...	10'7	5'4 4'68	10'7 2'68	20'7 2'01	13'4 2'68	26'8	...	0'7	0'7 0'67	2'7 6'02	21'4	789'3 40'80	160'44	4'0	6'7
Chaman . . .	1,596 {	73'9 1'88	...	...	...	119'0	...	...	...	2'5	3'8	6'3 0'63	32'6 1'25	0'6	23'8	...	0'6	...	8'8	15'7	3'6 4'39	28'33	1'9	3'1
Pachmarhi . .	209 {	...	...	...	...	315'8	...	...	...	...	...	4'8	9'6	...	4'8	...	...	...	...	19'1	425'8	14'74	19'1	...
Wellington . .	60 {	33'3 ...	...	...	...	16'7	...	...	...	...	...	...	150'0	16'7	...	...	...	...	16'7	33'3	550'0	45'33	16'7	...
GROUP XII.— HILL STA- TIONS.	29,356 {	31'9 2'76	2'20	1'03	3'10	224'6 82	16'5 0'07	.5	...	4'6 24	4'3 1'77	11'2 3'07	51'8 1'60	7'1 61	17'3	1'1 03	9	1'1 03	6'3 31	33'0 03	705'2 14'07	42'80	7'6 03	10'1	
Marching in India	1,386 {	57'7 ...	...	6'5	...	172'4	12'3	115'4	...	7	...	12'3 1'44	27'4 72	13'0	23'1	...	...	72	3'6 72	39'7	777'1 4'33	15'54	22'4	14'4

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.								2. DEATH RATE.															
		Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Sore.	Gonorrhoea.
thern Command	66,368 {	9'3 75	'9 32	'4 03	1'0 21	259'9 51	49'6 ...	'3 ...	'1 02	3'3 15	4'3 90	12'1 2'76	45'1 1'48	18'9 17	24'8 ...	0'1 05	0'5 ...	0'3 02	4'0 06	24'7 05	681'6 10'31	31'68	7'8 05	7'1 ...	9'7 ...
stern Command	22,707 {	36'5 3'57	...	'2 04	'3 04	183'8 35	7'4 04	'1 ...	...	5'8 44	2'8 97	12'7 3'70	40'3 1'81	6'8 57	20'2 ...	'1 04	'7 ...	1'7 ...	6'3 ...	39'6 04	659'7 13'74	36'04	9'2 04	13'6 ...	16'8 ...
ern Command	31,635 {	12'5 41	1'8 51	0'3 ...	'5 16	188'1 54	7'2 ...	'9 ...	...	3'1 16	4'1 66	10'3 1'83	43'1 1'07	13'8 41	13'8 ...	'1 ...	'7 ...	'1 ...	4'4 09	57'0 06	633'1 7'43	32'83	19'4 06	18'7 ...	19'0 ...
thern Command	30,292 {	19'4 97	'1 03	'4 03	'7 10	154'4 30	1'4 ...	'03 ...	'2 20	4'2 26	3'3 59	6'5 1'25	38'4 43	4'8 20	16'6 03	'2 ...	1'0 ...	'1 ...	4'0 03	63'8 ...	648'9 6'47	37'61	26'8 ...	18'3 ...	18'7 ...
ziristan District	17,721 {	'5 ...	3'4 2'43	'2 06	'5 06	363'1 1'98	26'7 06	'2 ...	'1 06	5'0 ...	4'0 1'07	10'9 3'61	33'9 2'37	21'4 45	24'6 06	'2 ...	'6 ...	5'3 06	26'3 56	18'1 ...	793'9 18'51	37'57	4'1 ...	4'4 ...	9'5 ...
na District	5,275 {	3'0 ...	...	'2 ...	'4 ...	21'8 38	...	...	'6 ...	4'9 19	2'8 76	5'9 38	74'9 57	4'2 19	14'0 ...	...	'4 ...	'2 ...	10'4 ...	161'1 ...	791'1 3'98	41'54	46'4 ...	47'2 ...	67'5 ...
ops on the line March.	1,386 {	57'7 ...	...	6'5 ...	...	172'4 ...	12'3 ...	115'4 ...	...	'7 ...	...	12'3 1'44	27'4 72	13'0 ...	23'1 ...	...	...	...	3'6 7	39'7 ...	777'1 4'33	15'5	22'4 ...	14'4 ...	2'9 ...
TAL INDIA	175,384 {	14'4 99	'9 46	'4 03	'7 14	223'7 60	24'1 01	1'2 ...	'1 05	4'0 19	3'8 83	10'6 2'46	42'6 1'32	13'7 30	20'5 01	'1 02	'6 ...	'9 02	6'8 11	42'7 03	679'7 10'16	34'39	14'1 03	13'0 ...	15'6 ...

TABLE XVII.

ABSTRACT of the SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc,

(The ratios of sickness and mortality will be found in Table XXVI.)

Not available.

INDIAN TROOPS, 1921.

TABLE XVIII.

ENTERIC GROUP OF FEVERS by months,
stations, groups, and commands.

TABLE XIX.

*MALARIA by months,
stations, groups, and commands.*

TABLE XX.

PYREXIA OF UNCERTAIN ORIGIN by months, stations, groups, and commands.

[illegible]

* Stations where neither Enteric Group of Fever nor Malaria nor Pyrexia of Uncertain Origin occurred are not shown in these tables. For annual ratios, see Table XVII.

INDIAN TROOPS, 1921.

TABLE XVIII—*contd.*

ENTERIC GROUP OF FEVERS by
months, stations, groups, and commands.

TABLE XIX—*contd.*

*MALARIA by months,
stations, groups, and commands.*

TABLE XX—*contd.*

PYREXIA OF UNCERTAIN ORIGIN
months, stations, groups, and commands.

[illegible]

INDIAN TROOPS, 1921.

TABLE XVIII—*concl'd.*

ENTERIC GROUP OF FEVERS by months,
stations, groups, and commands.

TABLE XIX—*concl'd.*

*MALARIA by months, stations, groups,
and commands.*

TABLE XX—*concl'd.*

PYREXIA OF UNCERTAIN ORIGIN by months, stations, groups, and commands.

STATIONS, GROUPS AND COMMANDS.		ADMISSIONS FROM ENTERIC GROUP OF FEVERS IN EACH MONTH.												ADMISSIONS FROM MALARIA IN EACH MONTH.												ADMISSIONS FROM PYREXIA OF UNCERTAIN ORIGIN IN EACH MONTH.																
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.		
B																																										
Bagdad		1	2	6	2	5	7	9	14	6	3	9	9	71	1	2	6	2	5	7	9	14	6	3	9	9	71	1	2	6	2	5	7	9	14	6	3	9	9	71		
Bagdad		2	2	4	8	5	4	7	5	4	2	2	5	50	2	2	4	8	5	4	7	5	4	2	2	5	50	2	2	4	8	5	4	7	5	4	2	2	5	50		
Bagdad		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
Bagdad		4	3	1	1	1	1	1	1	1	1	1	1	10	4	3	1	1	1	1	1	1	1	1	1	1	10	4	3	1	1	1	1	1	1	1	1	1	10			
Bagdad		17	11	3	7	8	16	17	11	19	12	10	6	137	17	11	3	7	8	16	17	11	19	12	10	6	137	17	11	3	7	8	16	17	11	19	12	10	6	137		
Bagdad		44	57	51	49	39	48	48	46	35	46	32	12	507	44	57	51	49	39	48	48	46	35	46	32	12	507	44	57	51	49	39	48	48	46	35	46	32	12	507		
Bagdad		13	6	7	15	1	1	1	1	1	1	1	1	42	13	6	7	15	1	1	1	1	1	1	1	1	42	13	6	7	15	1	1	1	1	1	1	1	42			
Bagdad		12	12	11	4	10	14	14	36	39	2	21	18	217	12	12	11	4	10	14	14	36	39	2	21	18	217	12	12	11	4	10	14	14	36	39	2	21	18	217		
Bagdad		7	13	1	5	10	14	8	12	6	13	7	6	101	7	13	1	5	10	14	8	12	6	13	7	6	101	7	13	1	5	10	14	8	12	6	13	7	6	101		
P IX.—DECCAN		1	2	1	1	1	1	1	1	1	1	1	1	9	151	135	139	154	124	122	243	323	297	281	185	110	2,264	1	2	1	1	1	1	1	1	1	1	1	1	1	9	
Bagdad		20	8	10	15	15	32	59	116	130	109	44	50	608	20	8	10	15	15	32	59	116	130	109	44	50	608	20	8	10	15	15	32	59	116	130	109	44	50	608		
Bagdad		1	1	1	1	1	1	1	1	1	1	1	1	4	1	1	1	1	1	1	1	1	1	1	1	1	4	1	1	1	1	1	1	1	1	1	1	1	4			
Bagdad		2	1	3	1	3	1	16	14	17	89	50	17	212	2	1	3	1	3	1	16	14	17	89	50	17	212	2	1	3	1	3	1	16	14	17	89	50	17	212		
P X.—WES-ERN COAST		2	8	13	16	21	34	95	136	157	200	97	68	867	2	8	13	16	21	34	95	136	157	200	97	68	867	2	8	13	16	21	34	95	136	157	200	97	68	867		
A		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
Bagdad		52	14	23	5	14	17	5	5	4	9	12	10	170	52	14	23	5	14	17	5	5	4	9	12	10	170	52	14	23	5	14	17	5	5	4	9	12	10	170		
B		10	2	4	1	1	1	8	20	10	1	1	4	135	10	2	4	1	1	1	8	20	10	1	1	4	135	10	2	4	1	1	1	1	1	1	1	1	1	135		
Bagdad		0	6	3	1	6	4	1	3	4	1	2	1	41	0	6	3	1	6	4	1	3	4	1	2	1	41	0	6	3	1	6	4	1	3	4	1	2	1	41		
P XI.—SOUTHERN INDIA.		1	1	1	1	1	1	1	1	1	1	1	1	2	71	25	34	9	22	21	90	30	18	12	18	15	363	1	1	1	1	1	1	1	1	1	1	1	1	2		
Bagdad		1	5	11	15	20	28	18	39	23	18	5	9	192	1	5	11	15	20	28	18	39	23	18	5	9	192	1	5	11	15	20	28	18	39	23	18	5	9	192		
Bagdad		3	4	5	1	3	2	3	2	9	2	2	2	34	3	4	5	1	3	2	3	2	9	2	2	2	34	3	4	5	1	3	2	3	2	9	2	2	2	34		
Bagdad		1	1	1	1	1	1	1	1	1	1	1	1	5	1	1	1	1	1	1	1	1	1	1	1	1	5	1	1	1	1	1	1	1	1	1	1	1	5			
Bagdad		8	4	2	3	6	14	21	17	17	10	8	110	8	4	2	3	6	14	21	17	17	10	8	110	8	4	2	3	6	14	21	17	17	10	8	110	8	4	2	3	6
Bagdad		21	22	25	45	59	75	55	59	68	109	57	24	619	21	22	25	45	59	75	55	59	68	109	57	24	619	21	22	25	45	59	75	55	59	68	109	57	24	619		
Bagdad		1	1	1	1	1	1	1	1	1	1	1	1	17	1	1	1	1	1	1	1	1	1	1	1	1	17	1	1	1	1	1	1	1	1	1	1	1	17			
Bagdad		1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	2			
Bagdad		17	9	18	10	31	11	6	14	33	51	18	2	228	17	9	18	10	31	11	6	14	33	51	18	2	228	17	9	18	10	31	11	6	14	33	51	18	2	228		
Bagdad		1	1	1	1	1	1	1	1	1	1	1	1	97	1	1	1	1	1	1	1	1	1	1	1	1	97	1	1	1	1	1	1	1	1	1	1	1	97			
Bagdad		1	1	1	1	1	1	1	1	1	1	1	1	14	1	1	1	1	1	1	1	1	1	1	1	1	14	1	1	1	1	1	1	1	1	1	1	1	14			
Bagdad		4	5	3	3	11	12	9	19	30	4	3	122	4	5	3	3	11	12	9	19	30	4	3	122	4	5	3	3	11	12	9	19	30	4	3	122	4	5	3	3	11
Bagdad		5	3	9	2	6	7	13	23	35	23	30	10	166	5	3	9	2	6	7	13	23	35	23	30	10	166	5	3	9	2	6	7	13	23	35	23	30	10	166		
Bagdad		2	1	1	1	1	1	1	1	1	1	1	1	95	2	1	1	1	1	1	1	1	1	1	1	1	95	2	1	1	1	1	1	1	1	1	1	1	95			
Bagdad		1	1	2	1	4	6	7	10	10	5	5	45	108	1	1	2	1	4	6	7	10	10	5	5	45	108	1	1	2	1	4	6	7	10	10	5	5	45			
Bagdad		55	19	27	27	40	18	24	215	272	230	115	38	1,080	55	19	27	27	40	18	24	215	272	230	115	38	1,080	55	19	27	27	40	18	24	215	272	230	115	38	1,080		
Bagdad		12	6	1	1	1	1	1	1	1	1	1	1	18	12	6	1	1	1	1	1	1	1	1	1	1	18	12	6	1	1	1	1	1	1	1	1	1	18			
Bagdad		1	1	1	1	1	1	1	1	1	1	1	1	26	1	1	1	1	1	1	1	1	1	1	1	1	26	1	1	1	1	1	1	1	1	1	1	1	26			
Bagdad		2	2	4	4	1	3	20	2	4	45	34	12	133	2	2	4	4	1	3	20	2	4	45	34	12	133	2	2	4	4	1	3	20	2	4	45	34	12	133		
Bagdad		25	5	6	17	1	1	23	55	45	30	18	12	238	25	5	6	17	1	1	23	55	45	30	18	12	238	25	5	6	17	1	1	23	55	45	30	18	12	238		
Bagdad		1	1	1	1	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	8			
Bagdad		13	7	8	8	21	17	9	54	109	134	75	44	522	13	7	8	8	21	17	9	54	109	134	75	44	522	13	7	8	8	21	17	9	54	109	134	75	44	522		
Bagdad		1	1	1	1	1	1	1	1	1	1	1	1	18	1	1	1	1	1	1	1	1	1	1	1	1	18	1	1	1	1	1	1	1	1	1	1	1	18			
Bagdad		2	1	2	2	1	1	1	1	1	1	1	1	24	2	1	2	2	1	1	1	1	1	1	1	1	24	2	1	2	2	1	1	1	1	1	1	1	24			
Bagdad		4	19	20	2	7	15	6	6	25	18	18	7	147	4	19	20	2	7	15	6	6	25	18	18	7	147	4	19	20	2	7	15	6	6	25	18	18	7	147		
Bagdad		36	30	36	49	52	26	59	132	138	92	58	38	746	36	30	36	49	52	26	59	132	138	92	58	38	746	36	30	36	49	52	26	59	132	138	92	58	38	746		
Bagdad		2	4	5	6	4	8	12	11	10	1	1	1	65	2	4	5	6	4	8	12	11	10	1	1	1	65	2	4	5	6	4	8	12	11	10	1	1	1	65		
Bagdad		1	5	13	15	29	19	21	122	77	84	35	35	456	1	5																										

TABLE XXI.

CHOLERA by months, stations, groups, and commands.

TABLE XXII.

DYSENTERY by months, stations, groups, and commands.

TABLE XXIII.

DIARRHŒA by months, stations, groups, and commands.

*STATIONS AND GROUPS.	ADMISSIONS FROM CHOLERA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.												ADMISSIONS FROM DIARRHŒA IN EACH MONTH.															
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
Port Blair	1	1
Rangoon	17	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS	18	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin (Mandalay)	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	3	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...
Alipore (Calcutta) Barrackpore	29	...	...	...	...	...	...	...	...	...	...	...	...	29	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA	42	...	...	...	...	...	...	...	...	...	...	...	...	42	...	...	...	...	...	...	...	...	...	...	...	...	...
B	
Dinapore	4	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Benares	11	...	...	...	...	...	...	...	...	...	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad	5	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	9	...	...	...	...	...	...	...	...	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow	58	...	...	...	...	...	...	...	...	...	...	...	...	58	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore	34	...	...	...	...	...	...	...	...	...	...	...	...	34	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur	
Fatehgarh	34	...	...	...	...	...	...	...	...	...	...	...	...	34	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
A	
Bareilly	54	...	...	...	...	...	...	...	...	...	...	...	...	54	...	...	...	...	...	...	...	...	...	...	...	...	...
Rurki	58	...	...	...	...	...	...	...	...	...	...	...	...	58	...	...	...	...	...	...	...	...	...	...	...	...	...
Dehra Dun	73	...	...	...	...	...	...	...	...	...	...	...	...	73	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	19	...	...	...	...	...	...	...	...	...	...	...	...	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi	8	...	...	...	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Ambala	51	...	...	...	...	...	...	...	...	...	...	...	...	51	...	...	...	...	...	...	...	...	...	...	...	...	...
B	
Jullundur	8	...	...	...	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Ferozepore	75	...	...	...	...	...	...	...	...	...	...	...	...	75	...	...	...	...	...	...	...	...	...	...	...	...	...
Lahore Cantonment	83	...	...	...	...	...	...	...	...	...	...	...	...	83	...	...	...	...	...	...	...	...	...	...	...	...	...
Amritsar	12	...	...	...	...	...	...	...	...	...	...	...	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	31	...	...	...	...	...	...	...	...	...	...	...	...	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhelum	159	...	...	...	...	...	...	...	...	...	...	...	...	159	...	...	...	...	...	...	...	...	...	...	...	...	...
Chaklala	
Rawalpindi	
Campbellpore	13	...	...	...	...	...	...	...	...	...	...	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Attock	7	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA	776	776

* Stations where neither Cholera nor Dysentery nor Diarrhœa occurred are not shown in these tables. For annual ratios see Table XVII.

INDIAN TROOPS, 1921.

TABLE XXI-*contd.*

*CHOLERA by months, stations,
groups, and commande.*

TABLE XXII—*contd.*

*DYSENTERY by months, stations,
groups, and commands.*

TABLE XXIII—*contd.*

*DIARRHŒA by months, stations,
groups, and commands.*

[illegible]

INDIAN TROOPS, 1921.

TABLE XXI—*contd.* TABLE XXII—*contd.* TABLE XXIII—*contd.*

*CHOLERA by months, stations,
groups, and commands.*

*DYSENTERY by months, stations,
groups, and commands.*

DIARRHŒA by months, station groups, and commands.

[illegible]

INDIAN TROOPS, 1921.

TABLE XXI—concl'd.

CHOLERA by months, stations, groups, and commands.

TABLE XXII—concl'd.

DYSENTERY by months, stations, groups, and commands.

TABLE XXIII—concl'd.

DIARRHŒA by months, stations, groups, and commands.

STATIONS, GROUPS AND COMMANDS.	ADMISSIONS FROM CHOLERA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.												ADMISSIONS FROM DIARRHŒA IN EACH MONTH.																
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.		
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P XII.—HILL ATIONS	7	7	9	13	11	32	22	14	24	23	16	20	18	209	10	11	22	40	62	42	51	100	54	47	31	36	506		
ing India	
IA	154	73	62	92	142	150	124	198	473	400	293	268	133	2,408	88	81	155	227	276	305	317	543	636	462	419	239	3,588		
HERN ND	59	30	21	42	86	78	52	69	219	255	180	145	76	1,253	26	24	18	84	81	61	110	269	366	232	242	131	1,642		
ERN ND	61	7	11	27	21	48	43	52	132	80	45	45	23	534	23	17	68	68	61	55	103	146	133	74	91	6	895		
ERN COMMAND	31	23	23	18	29	17	15	50	84	41	47	64	24	435	12	12	38	37	42	37	31	58	56	42	57	17	439		
HERN ND	3	13	7	5	6	6	7	20	37	17	11	9	8	146	25	27	29	35	64	39	57	62	73	39	22	32	504		
A DISTRICT	

INDIAN TROOPS, 1921.

TABLE XXIV.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Station occupied by regiments during the year with date of occupation. Last month.
1	Governor-General's Body Guard.	121	100	1	Admitted Died Invalided	...	...	...	...	26	...	...	...	...	...	...	3	...	2	...	...	...	1	...	77	2'24	1	Delhra D
2	Governor's Body Guard, Madras.	71	48	2	Admitted Died Invalided	8	...	...	...	2	...	...	...	...	...	...	3	2	4	...	...	...	...	...	36	1'08	...	Madras.
3	Governor's Body Guard, Bombay.	70	64	5	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	...	...	...	1	2	...	...	...	...	4	10	0'33	...	Bombay.
4	Governor's Body Guard, Bengal.	71	58	...	Admitted Died Invalided	1	...	...	...	7	...	...	...	...	...	...	3	...	...	...	...	...	...	1	40	2'02	...	Calcutta
5	1st-3rd Cavalry .	410	532	14	Admitted Died Invalided	7	...	...	1	49	2	...	...	...	1	3	13	5	12	...	...	...	...	9	205	10'67	...	Lucknow Sialkot
6	2nd-4th Cavalry .	494	487	7	Admitted Died Invalided	5	...	...	...	30	1	...	...	1	1	1	10	4	5	...	1	...	2	7	183	8'10	...	Poona, 1921, Allahabad
7	5th-8th Cavalry .	1,030	509	5	Admitted Died Invalided	8	...	...	...	27	...	...	...	3	2	1	22	2	2	...	1	...	...	9	235	11'95	...	Secunderabad
8	6th-7th Cavalry .	586	570	17	Admitted Died Invalided	1	...	...	1	51	4	...	...	...	1	9	38	1	5	...	...	...	...	7	244	12'26	...	Risalpur
9	9th-10th Cavalry .	544	785	12	Admitted Died Invalided	...	...	...	...	86	13	...	...	2	2	6	8	7	4	...	...	...	...	1	229	10'32	...	Lahore 1921, f Multan
10	11th-12th Cavalry	530	615	4	Admitted Died Invalided	5	1	...	1	43	...	...	...	3	...	3	11	2	2	...	...	...	...	9	170	7'55	...	Meerut Jullundur
11	13th-16th Cavalry	542	597	20	Admitted Died Invalided	...	...	...	...	183	4	...	...	2	1	4	29	5	6	...	...	...	2	2	411	21'70	...	Kohat.
12	14th-15th Cavalry	926	636	19	Admitted Died Invalided	19	...	...	1	102	4	...	...	1	1	7	36	11	19	...	5	...	1	10	375	16'21	...	Sialkot Bareilly
13	17th-37th Cavalry	481	522	8	Admitted Died Invalided	1	...	...	1	113	3	...	...	...	2	10	13	11	14	...	...	...	1	14	330	11'64	...	Lucknow, Oct 1921 from Lucknow and Jullundur Islamabad

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Venereal Diseases.	All Causes.	Average number constantly sick.	Died, absent, invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
18th-19th Cavalry	500	470	18	Admitted Died Invalided	11 ... ...	... ... ...	1 ... ...	... ... ...	32	9 ... ...	... ... ...	... ... ...	... ... ...	2 ... 1	5	6	3	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	9	231 ... 6	11'52	...	Ferozepore and Delhi.
20th-29th Cavalry	518	572	3	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	... ... ...	32 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	3 ... 1	22 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	16	269 ... 7	15'57	...	Delhi and Secunderabad.
21st-23rd Cavalry	811	654	32	Admitted Died Invalided	2 1 ...	... ... ...	... ... ...	... ... ...	131	18 ... ...	... ... ...	... ... ...	3 ... 1	4 ... 2	2 ... 1	9	16	4	6 ... ...	... ... ...	1 ... ...	... ... ...	7	319 5 9	14'26	...	Rawalpindi and Dardoni.
22nd-25th Cavalry	794	532	23	Admitted Died Invalided	12 1 ...	... ... ...	... ... ...	... ... ...	233	2 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	3	27 ... 1	5 ... 1	2 ... ...	... ... ...	1	3 ... ...	... ... ...	2	439 3 1	19'21	...	Risalpur and Loralai and Musa Khel.
26th Cavalry	628	417	10	Admitted Died Invalided	5 ... ...	... ... ...	... ... ...	2 ... 1	127 ... 12	45 ... ...	... ... ...	... ... ...	... ... ...	7 ... 6	5 ... 1	28	14	19 ... ...	... ... ...	... ... ...	... ... ...	1	4 ... 20	334 4 ...	15'6	...	Landikotal and Peshawar.
27th Cavalry	691	493	3	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	273	23 ... ...	... ... ...	... ... ...	6	2 ... 2	8	9 ... 1	5	11 ... ...	... ... ...	... ... ...	... ... ...	2	5	448 9 2	23'00	3	Bannu Dardoni Dattakhel, from Lahore in May 1921.
28th Cavalry	457	411	12	Admitted Died Invalided	3 ... ...	... ... ...	... ... ...	... ... ...	128 ... 1	7 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	3	15	2	15 ... ...	... ... ...	... ... ...	... ... ...	1	22 ... 1	326 ... 5	15'59	...	D. I. Khan and Tank from Lucknow in October 1922.
30th Lancers	87	96	6	Admitted Died Invalided	2 ... ...	... ... ...	1 ... ...	... ... ...	3	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3 ... 1	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4	60 1 6	4'56	...	Bangalore.
31st Lancers	99	90	5	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	27	1 ... ...	... ... ...	... ... ...	3 ... 1	1	2	4	3	6 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4	112 ... 6	6'44	...	Bareilly, in March 1921, from Allahabad.
32nd Lancers	340	551	8	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	62 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4	4	2	5 ... ...	... ... ...	... ... ...	... ... ...	2	14	145 ... 10	9'94	1	Meerut, in May 1921 from Nasirabad.
33rd-34th Cavalry	505	556	27	Admitted Died Invalided	8	1 ... ...	... ... ...	1	107 ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	4	46 ... 1	1	5 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	9	360 ... 4	18'62	...	Allahabad and Jhansi, in May 1921, from Poona and Bangalore.
35th-36th Cavalry	451	749	9	Admitted Died Invalided	5 ... ...	... ... ...	... ... ...	... ... ...	76 ... 1	4 ... ...	... ... ...	... ... ...	1	3	4 ... 1	... ... 3	21 ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	... ... ...	12 ... 4	404 1 15	19'12	...	Alipore, in September 1921, from Jubbulpore.

TABLE XXIV—*contd.*
STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments, detachments during the year, with dates of occupation. Last month.
26	38th-39th Cavalry	705	601	19	Admitted Died Invalided	37 3 ...	... ... ...	... ... ...	... ... ...	24 ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	... ... ...	4 1 ...	13	3	5 ... ...	... ... ...	1 ... ...	... ... ...	5	17	270 5 4	13'08	...	Goona, and Quetta in M. 1921, Delhi.
27	41st Cavalry	363	134	4	Admitted Died Invalided	22 1 1	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	7	59 1 2	3'0	...	Quetta 15th 1921.
28	42nd Cavalry	...	99	5	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... 1	2	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	25 ... 3	4'10	...	Quetta.
29	Queen Victoria's Own Corps of Guides (Frontier Force) (Lumsden's).	1,046	291	13	Admitted Died Invalided	... ... ...	... 1 ...	... ... ...	... ... ...	48 ... 1	... ... ...	... ... ...	... ... ...	1	1 ... 3	3 1 ...	16	2	8 ... ...	... ... ...	... ... ...	... ... ...	2	6 ... 1	163 2 11	7'25	...	Mardan Nowshera.
30	Cavalry School	157	125	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	6 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	6 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	31	0'93	...	Sai gor.
31	Details Cavalry	33	11	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	0'04	...	Chakdara Malak.
32	Royal Horse Artillery :— " C " Battery	56	44	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	8 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	15 ... 4	0'83	...	Meerut.
33	" 1 " Battery	70	11	1	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	1	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5	13	0'95	...	Risalpur.
34	" J " Battery	...	46	...	Admitted Died Invalided	2 1 ...	... ... ...	... ... ...	... ... ...	5 ... 1	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	... ... ...	... ... ...	... ... ...	... ... ...	6	43 1 3	2'88	...	Secunderabad.
35	" K " Battery	74	54	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	5 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	2 1 ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 ... 1	25 1 1	1'15	...	Risalpur.
36	" L " Battery	50	15	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	10	0'41	...	Secunderabad.
37	Ammunition Columns, Royal Horse Artillery :— " C " Ammunition Column, R. H. A.	60	43	...	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	... ... ...	14 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	4	20	2'21	...	Meerut.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fevers.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Venereal Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
H" Ammunition Column, R. H. A.	83	83	6	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	... ... ...	29 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	3	10	3	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	9	87	5'59 ... ...	...	Sialkot.
I" Ammunition Column, R. H. A.	70	11	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3	11	0'95 ... ...	...	Risalpur.
J" Ammunition Column, R. H. A.	...	44	2	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	... ... ...	10 ... 1	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5	2	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	8 ... 1	50 ... 2	4'89 ... ...	...	Secunderabad.
K" Ammunition Column, R. H. A.	74	62	2	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	3	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	2	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	17	1'72 ... ...	...	Risalpur.
L" Ammunition Column, R. H. A.	87	13	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	9	1'35 ... ...	...	Secunderabad.
ROYAL FIELD ARTILLERY.																											
27th Battery	79	63	3	Admitted Died Invalided	3 1 ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	6	2	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	18	51 2 ...	4'87 ... ...	...	Quetta and Hyderabad.
35th Battery	44	43	1	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	32	2 ... ...	... ... ...	... ... ...	... ... ...	1	2	3	5	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	8	72	5'00 ... ...	...	Lahore.
37th Battery	50	36	...	Admitted Died Invalided	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	15 1 ...	0'74 ... ...	...	Nowshera.
40th Battery	66	50	4	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	3 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5 1 ...	31 ... 2	2'37 ... ...	...	Fyzabad.
59th Battery	48	46	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	9 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	11	48 1 2	4'07 ... ...	...	Kirkee.
67th Battery	57	60	1	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	3	1	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	18	56 ... 3	4'73 ... ...	...	Bangalore.
86th Battery	64	46	2	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	... ... ...	5 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	2	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	8	49 ... 1	3'40 ... ...	...	Quetta.
93rd Battery	69	54	1	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	10 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	3	1	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	6	67 ... 4	4'94 ... ...	...	Kirkee

TABLE XXIV—*contd.*

STATISTICS OF REGIMENTS.

A.—*Sickness and Mortality.*

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Venereal Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Station occupied regiments detachments during the with date of occupation Last mo	
51	ROYAL FIELD ARTILLERY— <i>contd.</i> 94th Battery	39	39	1	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	... ... ...	1	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	17 ... 1	1'06	..	Belgaum.	
52	95th Battery	75	50	2	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	8 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	1	9	43 ... 1	2'39	...	Kirkee.
53	99th Battery	91	71	1	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4 ... 2	45 1 2	2'81	...	Secunder
54	100th Battery	75	40	1	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	1 ... 1	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	1	23 ... 2	2'27	...	Mhow.	
55	101st Battery	60	31	2	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	6 ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	44 ... 17	1'94	...	Meerut.
56	102nd Battery	74	98	4	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	14	2 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	5	3 ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	9	58 ... 2	3'95	...	Ambala.
57	103rd Battery	57	57	1	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	13	2 ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	... ... ...	2 ... 1	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	12	64 1 2	4'38	...	Agra.
58	104th Battery	70	57	5	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	37 ... ...	... ... ...	... ... ...	... ... ...	2 ... 1	... ... ...	1	3 ... 1	6 ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	9	86 2 3	5'76	...	Lahore.
59	105th Battery	95	67	1	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	16 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	6	58 ... 3	3'86	...	Jullundh
60	106th Battery	46	47	1	Admitted Died Invalided	4 ... ...	... ... ...	... ... ...	... ... ...	3	8 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	4	3 ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4	48 1 ...	2'28	...	Ferozep.
61	107th Battery	53	32	1	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	... ... ...	2 ... 1	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	8	30 1 2	2'88	...	Mhow.
62	108th Battery	70	47	1	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	16	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	12 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4	107	2'73	...	Neemuch

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.	
99th Battery	81	41	1	Admitted Died Invalided	...	...	...	...	4	2	...	...	...	...	...	11	...	...	...	...	...	...	5	62	1'94	...	Neemuch.
12th "	75	62	2	Admitted Died Invalided	18	2	3	5	50	1	2'56	...	Kamptee.
13th "	28	1	...	Admitted Died Invalided	Alipore.
14th "	72	58	3	Admitted Died Invalided	3	...	...	...	19	...	...	...	...	...	1	4	...	2	...	...	...	1	14	88	5'99	...	Allahabad.
15th "	64	60	1	Admitted Died Invalided	...	...	...	...	7	...	...	...	...	...	1	4	4	1	...	...	...	...	14	63	4'33	...	Bareilly.
16th "	72	48	1	Admitted Died Invalided	...	...	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...	2	45	1'69	...	Jhansi.
17th "	78	61	...	Admitted Died Invalided	27	1	1	...	1	3	1	11	86	1	4'71	...	Cawnpore.
18th "	58	52	...	Admitted Died Invalided	...	...	...	...	13	...	...	...	...	...	1	3	...	...	...	...	...	1	9	57	3'04	...	Nasirabad.
19th "	59	48	...	Admitted Died Invalided	...	...	...	...	4	...	...	...	...	...	...	1	...	...	...	...	...	...	4	23	1'43	...	Nowshera.
20th "	64	45	2	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	...	3	...	...	2	...	...	...	...	...	34	1'21	...	Nowshera.
21st "	54	13	...	Admitted Died Invalided	...	...	...	...	5	...	...	...	...	...	...	1	4	2	...	...	...	...	1	15	0'66	...	Nowshera.

INDIAN TROOPS, 1921.

TABLE XXIV.—*contd.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Venereal Diseases.	All Causes.	Average number constantly sick.	Died absent. Invalided on account of old age.	Station occupied by regiments detachments during the year with date of occupation. Last month.	
74	ROYAL FIELD ARTILLERY— <i>contd.</i> 127th Battery	65	54	1	Admitted Died Invalided	...	...	...	...	2	1	...	...	...	...	2	3	...	1	...	...	...	1	...	34	1	1'39	...	Campbellpore.
75	133rd Battery	71	61	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	1	...	...	3	1	1	...	...	...	...	3	28	3	3'30	...	Secunderabad.
76	134th Battery	69	69	..	Admitted Died Invalided	...	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...	8	32	...	1'93	...	Hyderabad.
77	135th Battery	51	51	3	Admitted Died Invalided	...	...	...	...	3	...	1	...	...	...	...	2	...	...	...	...	...	...	4	23	...	1'32	...	Hyderabad.
78	141st Battery	55	63	4	Admitted Died Invalided	...	1	...	...	12	...	...	...	1	...	...	4	...	2	...	...	...	...	5	57	...	2'84	...	Jhansi.
79	145th Battery	69	62	1	Admitted Died Invalided	3	...	...	...	1	...	...	...	...	...	...	4	...	2	...	...	...	...	12	83	...	5'88	...	Bangalore.
80	148th Battery	66	69	...	Admitted Died Invalided	...	...	...	...	6	...	...	...	...	...	1	2	...	...	...	...	...	1	6	25	2	9'00	...	Meerut.
81	23rd Brigade	6	3	...	Admitted Died Invalided	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	0'07	...	Neemuch.
82	24th Brigade	207	188	6	Admitted Died Invalided	2	...	1	...	39	...	...	...	1	1	...	...	...	3	...	...	...	1	22	173	1	10'50	...	Jubbulpore.
83	25th Brigade	9	6	...	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	0'10	...	Fyzabad.
84	32nd Brigade	10	10	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	11	...	0'80	...	Hyderabad.
85	AMMUNITION COLUMN, ROYAL FIELD ARTILLERY. 1st Indian Divisional Ammunition Column, R. F. A.	376	348	6	Admitted Died Invalided	...	...	...	...	29	7	...	...	...	1	6	25	5	8	...	...	...	3	15	179	3	7'74	...	Campbellpore.
86	2nd Indian Divisional Ammunition Column, R. F. A.	316	316	5	Admitted Died Invalided	...	...	...	...	17	2	...	...	1	2	2	4	...	...	...	...	...	1	52	167	...	11'10	...	Hyderabad.
87	3rd Indian Divisional Ammunition Column, R. F. A.	295	272	7	Admitted Died Invalided	...	1	...	...	39	...	...	...	2	1	...	1	2	2	2	...	...	2	47	133	...	10'80	...	Meerut.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Station: occupied by regiments and detachments during the year with dates of occupation. Last move.
Indian Divisional Ammunition Column, R. F. A.	37	267	2	Admitted Died Invalided	...	...	...	...	22	...	...	...	...	1	1	5	3	3	...	...	...	1	39	137	13'17	...	Mhow.
h Brigade, mmu nition Column, R. F. A.	84	165	3	Admitted Died Invalided	...	7	...	...	1	6	...	...	...	...	...	6	1	4	...	...	...	2	23	135	9'27	...	Bangalore.
h Brigade, mmu nition Column, R. F. A.	149	351	9	Admitted Died Invalided	...	...	...	...	16	...	...	...	1	1	2	4	1	5	...	...	...	...	55	164	13'50	...	Kirkee.
h Brigade, mmu nition Column, R. F. A.	195	154	8	Admitted Died Invalided	...	...	...	...	5	8	...	...	...	1	5	9	3	8	...	...	...	1	13	96	5'30	...	Nowshera.
h Garrison (Medium) Artillery. Medium Battery.	49	9	2	Admitted Died Invalided	...	...	...	...	25	...	...	...	...	...	...	2	...	...	...	...	...	...	4	66	1'97	...	Nowgong.
h Medium Battery.	14	50	...	Admitted Died Invalided	...	...	...	...	12	1	1	...	...	...	...	...	1	...	...	...	...	3	54	2'19	...	Multan and Rurki.	
h Medium Battery.	37	37	...	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	1	...	3	1	1	...	...	...	3	19	0'78	...	Multan.	
h Medium Battery.	12	17	1	Admitted Died Invalided	...	3	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	13	1'45	...	Ferozepore.	
h Medium Battery.	36	22	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1	13	0'57	...	Ladha.
h Medium Battery.	...	3	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	5	0'19	...	Rurki.	
h Medium Battery.	4	4	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	10	0'03	...	Nowgong.
st Medium Battery.	12	11	1	Admitted Died Invalided	...	1	...	...	2	...	...	...	...	...	...	1	...	1	...	...	...	...	...	10	0'34	...	Rurki and Ferozepore.
nd Medium Battery.	...	9	1	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	3	0'1	...	Rurki.	
h Medium Battery.	47	47	2	Admitted Died Invalided	...	...	...	...	23	...	...	...	...	...	2	...	...	...	...	...	...	5	56	1'85	...	Nowgong.	
h Medium Battery.	...	3	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	3	0'01	...	Dera Ismail Khan.	

TABLE XXIV—continued.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28		
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Venereal Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	St. occu regim deta during with occu Last	
103	ROYAL GARRISON (PACK) ARTILLERY. 4th Pack Battery.	...	14	...	Admitted Died Invalided	...	...	...	...	4	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	15	0'31	...	Rurk
104	6th Pack Battery.	...	68	...	Admitted Died Invalided	...	...	...	...	7	...	...	...	...	...	...	...	2	...	3	...	...	...	...	...	20	0'70	...	Ladh
105	8th Pack Battery	165	158	4	Admitted Died Invalided	1	...	...	...	44	39	...	...	...	1	1	3	4	...	2	...	...	...	1	4	138	4'88	...	Land and shen
106	10th Pack Battery	55	136	2	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	2	1	...	...	1	...	...	...	3	3	35	2'55	...	Cann and
107	11th Pack Battery	171	155	6	Admitted Died Invalided	3	...	...	...	2	...	...	...	1	...	...	5	...	...	...	...	...	...	...	5	65	4'57	...	Quett
108	12th Pack Battery	171	76	...	Admitted Died Invalided	1	...	...	...	11	...	...	...	...	...	1	4	2	...	...	...	...	...	...	1	31	1'45	...	Ladh taba Kal and
109	13th Pack Battery	...	24	...	Admitted Died Invalided	...	...	...	...	5	...	...	...	...	...	...	...	3	...	...	...	...	...	1	2	24	1'06	...	Rurk
110	16th Pack Battery	...	15	1	Admitted Died Invalided	...	...	1	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	13	0'91	...	Rurk
111	17th Pack Battery	169	61	...	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	4	17	0'58	...	Kala 2 Bar a
112	101st Pack Battery	43	73	1	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	1	11	...	...	...	...	...	...	...	1	41	2'44	...	Kotk and Abt
113	102nd Pack Battery	256	200	10	Admitted Died Invalided	...	...	...	...	1	48	7	...	...	...	5	8	4	...	7	...	...	...	...	4	141	6'97	...	Lanc in 192 No 1
114	103rd Pack Battery	173	173	15	Admitted Died Invalided	...	...	...	...	93	...	...	...	...	1	...	1	17	2	12	...	...	...	2	5	216	6'42	...	Koh ber 2 Par and mu

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Venereal Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
ROYAL GARRISON (PACK) ARTILLERY— <i>contd.</i> 1st Pack Battery	301	232	1	Admitted Died Invalided	2 1	...	...	...	140	42	...	...	...	...	1	9	2	19	...	...	...	4	4	294	6'10	...	Fort Jamrud and Nowshera, in October 1921, from Ali Masjid.
5th " "	257	207	4	Admitted Died Invalided	...	...	...	...	48	1	...	...	2	...	5	29	...	1	...	1	...	7	3	142	2'58	...	Sora Rogha, Abbottabad and Kotkai.
7th " "	84	81	...	Admitted Died Invalided	...	...	...	...	6	1	...	...	...	...	1	1	...	...	...	...	...	1	...	20	0'98	...	Kotkai and Sora Rogha.
8th " "	203	203	17	Admitted Died Invalided	...	...	...	...	100	1	...	...	2	...	1	7	3	9	...	2	...	6	2	203	9'49	...	Kohat.
9th " "	106	29	...	Admitted Died Invalided	...	...	...	...	9	...	...	...	...	...	...	1	...	...	...	...	...	...	2	16	0'65	...	Abbottabad.
10th " "	271	201	4	Admitted Died Invalided	1	...	...	...	83	5	...	...	...	1	2	6	19	2	...	...	...	...	4	141	5'38	...	Fort Jamrud in October 1921, from Peshawar.
11th " "	...	33	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	0'10	...	Rurki.
12th " "	...	156	3	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	14	...	3	...	2	...	1	3	59	2'78	...	Jutogh.
13th " "	364	211	...	Admitted Died Invalided	...	...	...	...	25	9	...	...	...	...	1	7	2	1	...	...	...	1	1	115	4'88	...	Dardoni and Datta Khel.
16th " "	252	189	1	Admitted Died Invalided	...	...	...	...	11	1	...	...	1	...	1	4	1	1	...	...	...	2	4	71	6'04	...	Quetta, in June 1921, from Fort Sandeman.
17th " "	270	208	1	Admitted Died Invalided	7	...	...	...	8	...	...	...	1	...	1	...	2	...	...	...	...	...	4	55	3'97	...	Pishin and Quetta.
18th " "	263	211	15	Admitted Died Invalided	16	...	...	...	106	5	...	...	...	...	8	6	1	19	...	...	...	1	4	245	11'21	...	Fort Sandeman and Quetta.
19th " "	...	92	2	Admitted Died Invalided	...	1	...	...	25	...	...	...	1	...	...	...	9	...	...	...	...	2	4	83	4'40	...	Dehra Dun.

TABLE XXIV—*contd.*

STATISTICS OF REGIMENTS.

A.—*Sickness and Mortality.*

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent. Invalided on account of old age.	Station occupied by regiment during the year with date of occupation. Last night.
ROYAL GARRISON (PACK) ARTILLERY— <i>contd.</i>																												
128	40th Battery. Pack	231	114	8	Admitted Died Invalided	...	...	...	...	93 1	...	...	...	1	...	...	12	1	...	...	...	...	...	4	134 1	4'15	...	Abbottabad.
129	41st Battery. Pack	250	189	3	Admitted Died Invalided	...	...	...	...	60	...	1	...	1	...	...	3	2	11	...	...	...	14	29	255 2	12'72	...	Maymyurki.
130	43rd Battery. Pack	252	209	3	Admitted Died Invalided	19 3 4	...	...	...	7	1	...	...	3	...	2 1	2	1	...	...	...	...	...	12 4 4	89 4 4	6'67	...	Quetta.
131	4th Battery. Pack	...	23	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	8	0'58	...	Dehra Dun.
132	45th Battery. Pack	...	21	...	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	0'04	...	Rurki.
133	46th Battery. Pack	175	139	...	Admitted Died Invalided	...	...	...	...	3	...	...	...	...	...	...	19 2	...	1	...	...	...	...	7	70 2	3'16	...	Abbottabad.
134	49th Battery. Pack	...	19	...	Admitted Died Invalided	...	...	...	...	11	...	1	...	...	...	...	2	1	...	...	...	...	...	1	19	0'37	...	Rurki.
135	50th Battery. Pack	...	38	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	5 2	0'28	...	Rurki.
136	Chitral Artillery Section. Pack Sec.	176	100	...	Admitted Died Invalided	13	...	...	...	21	8	...	...	1	1	1	8	...	10	...	...	...	...	...	136 4	6'56	...	Chitral Drosh.
137	Pack Artillery Training Centre.	495	1,043	26	Admitted Died Invalided	2 8 2	1 ...	1	195	2	...	...	...	5 1 2	2 4	34 5	63 5 3	23 1	18	...	2	...	1	80 15 2	830 30	50'28	...	Lucknow October from Dun.
138	The Frontier Garrison Artillery.	152	136	13	Admitted Died Invalided	...	...	...	...	50	2	...	...	2	...	3	8	2	9	...	1	...	1	4	103 2	5'25	...	Kohat, Kand Thal.
139	The Indian Coast Artillery.	313	333	13	Admitted Died Invalided	...	...	...	...	52 1 1	...	...	...	...	1 1	3	14	2 1	18	...	...	...	4	10 1 4	202 4	10'05	...	Alipore, Lay, K and goon.
140	Royal Artillery Depôts.	592	813	42	Admitted Died Invalided	...	...	...	1	125	16	...	...	4 1 2	3 1 4	26 6 1	56 1 8	2 1	13	...	...	...	5 1	80 8	598 76	38'29	...	Peesa.
141	Machine Companies. Gun	319	467	23	Admitted Died Invalided	23	...	...	1	40	...	...	1	...	2 1	5 1	18	6	17	...	...	...	1	25	280 4 18	14'91	...	...

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Respiratory Diseases.	Other Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
Machine Gun Training School.	49	38	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	1	2	9	0'49	...	Ahmednagar.
1st King George's Own Sappers and Miners.	3,836	3,177	34	Admitted Died Invalided	5 1 ...	2 1 ...	... ... ...	3	557 ... 9	94	13 ... ...	... ... ...	5 ... 1	12 1 3	13 4 ...	85 4 1	60	40	1 ... ...	... ... ...	1	18 ... 2	70 ... 11	1,542 11 52	60'98	..	Risalpur, Peshawar, Rawalpindi and Rurki, etc.
2nd Victoria's Own Sappers and Miners.	2,255	2,374	34	Admitted Died Invalided	54	3 1 ...	2	1 1 ...	227	51 ... ...	... ... ...	1 1 ...	4	9 2 5	6	92 ... 1	8	29	2 ... ...	... ... ...	... ... ...	2	128 ... 1	1,252 12 17	58'22	..	Dattakhel, Sialkot, Ladha, Bangalore, Rangoon and Dardoni, etc.
3rd Royal Bombay Sappers and Miners.	1,638	1,518	22	Admitted Died Invalided	3 ... ...	... ... ...	... ... ...	... ... ...	422 ... 12	1 ... ...	... ... ...	... ... ...	8 2 4	6 1 6	8 3 ...	39 1 3	14 ... 1	37 ... ...	... ... ...	... ... ...	... ... ...	7	60	1,697 10 45	54'16	4	Kohat, Quetta, Kirkee and Bombay.
4th Burma Sappers and Miners.	126	108	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	3 ... 1	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	23	38 ... 1	2'46	...	Mandalay.
Railway Battalion Sappers and Miners.	29	233	11	Admitted Died Invalided	7 1 ...	... ... ...	... ... ...	2	26 ... 1	13 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 1 ...	21 1 1	3	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4	115 3 4	4'85	...	Fort Jamrud and Sialkot.
"B" Divisional Signals.	281	108	...	Admitted Died Invalided	4 ... ...	... ... ...	... ... ...	... ... ...	30	4 ... ...	... ... ...	... ... ...	3 1 1	1 ... 1	... ... ...	3 1 ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	1	8	108 4 4	4'44	...	Jubbulpore.
"C" Divisional Signals.	250	192	8	Admitted Died Invalided	6 1 ...	... ... ...	... ... ...	... ... ...	13 ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	1	4	4 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	1	13	99 1 3	7'37	...	Quetta.
"D" Divisional Signals.	216	181	6	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	82 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 1 ...	8	3	15 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	12 ... 1	171 1 1	5'82	...	Mohamed Khel and Kohat, etc.
"E" Divisional Signals.	225	229	3	Admitted Died Invalided	5 ... ...	... ... ...	... ... ...	... ... ...	98 ... 10	30 ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	4 1 ...	19 1 ...	4	5 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	201 3 11	10'39	...	Landikotal and Peshawar.
"F" Divisional Signals.	174	263	6	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	69	2 ... ...	... ... ...	... ... ...	... ... ...	2 3 1	2	14 1 ...	4	5 ... ...	... ... ...	... ... ...	... ... ...	4	4 ... 1	146 5 3	5'49	...	Ladha, Sora-Rogha and Dera Ismail Khan.
"G" Divisional Signals.	298	256	15	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	112 1 ...	8 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	7	8	18 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	10 ... 1	269 1 15	12'42	...	Rawalpindi.

INDIAN TROOPS, 1921.

TABLE XXIV--contd.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Serial Number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anaemia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
154	"H" Divisional Signals.	...	53	3	Admitted Died Invalided	4 ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	1	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	6	27 ... 5	1'70	...	Ferozepore and Meerut.
155	No. 1 (Line) Company "A" Corps Signals.	114	63	4	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	70 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	5	2	12 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3	164 ... 1	4'73	...	Karachi.
156	No. 1 (Line) Company "B" Corps Signals.	...	22	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	8	6'33	...	Dera Isma Khan.
157	"A" Cavalry Brigade Signal Troops	30	28	2	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	6 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	13 ... 1	0'45	...	Risalpur.
158	"B" Cavalry Brigade Signal Troops.	...	23	2	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	8 ... 2	0'00	...	Meerut.
159	"C" Cavalry Brigade Signal Troops.	10	10	1	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	0'15	...	Sialkot.
160	No. 2 (Wireless) Company "A" Corps Signals.	117	38	3	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	40	1 ... ...	... ... ...	... ... ...	1	3 ... 2	... ... ...	10	4	21 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	10	155 ... 2	3'79	...	Karachi.
161	No. 2 (Wireless) Company "B" Corps Signals.	...	6	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	0'03	...	Cannanore.
162	Signal Training Centre and Depot	817	800	20	Admitted Died Invalided	34 2 ...	... ... ...	5	1	432 ... 2	10 ... ...	... ... ...	2	1 ... 1	4 ... 4	6	13 ... 1	14	15 ... ...	... ... ...	... ... ...	... ... ...	4	74 ... 3	1,055 ... 32	50'49	...	Jubbulpore.
163	Army School. Signal School.	254	145	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	10 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	28 ... 2	0'82	...	Kakul, Abbottabad and Poona.
164	Indian Mechanical Transport Corps	2,197	4,281	49	Admitted Died Invalided	11	6 5 ...	1 ... ...	... ... ...	1,211 ... 14	111 ... ...	... ... ...	... ... ...	19 ... 10	16 ... 12	30	144 ... 3	88 ... 1	107 ... ...	... ... ...	1 ... ...	... ... ...	27 ... 1	215 ... 2	3,217 ... 62	131'11	...	...
INFANTRY.																												
165	1st Brahmans	300	442	10	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	882 ... 3	... ... ...	... ... ...	... ... ...	... ... ...	2 ... 2	2	9	28	4 ... ...	... ... ...	... ... ...	... ... ...	3 ... 1	15	1,075 ... 6	34'71	...	Fatebgarh.
166	1-2nd Rajput Light Infantry.	839	723	12	Admitted Died Invalided	3 ... ...	... ... ...	... ... ...	... ... ...	126	18	1 ... ...	... ... ...	... ... ...	1	10	17	5 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	31 ... 1	374 ... 3	19'97	...	Alipore December 1921 from Lucknow.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Venereal Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.	
2-2nd Rajput Light Infantry.	424	460	10	Admitted Died Invalided	3 ... ...	... ... ...	... ... ...	... ... ...	5 1 ...	5 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	6	29 ... ...	... ... ...	1 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	111 1 3	4'88	...	Chakdara in November 1921 from Dargai.
3rd Brahmans	146	745	38	Admitted Died Invalided	5 2 ...	29 6 ...	... ... ...	2	168 ... 1	83 ... ...	... ... ...	... ... ...	4 ... 1	1	11 2 1	20 ... 2	116 ... 2	76 ... ...	... ... ...	... ... ...	... ... ...	4	9	707 13 14	22'4'	...	Ali Masjid in October 1921, from Fort Jamrud.
14th Rajputs	945	379	13	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	1	169	43	1 ... ...	... ... ...	4 1 ...	1 1 ...	10 2 ...	28 2 1	25	39 ... ...	... ... ...	... ... ...	... ... ...	7	11	500 12 4	16'84	...	Dardoni and Idak in October 1921 from Bannu.
2-4th Do.	101	644	9	Admitted Died Invalided	3 1 ...	... ... ...	2 ... ...	... ... ...	177	32	1 ... ...	... ... ...	5 1 ...	3 ... 2	10 5 ...	25 2 ...	21	16 ... ...	... ... ...	... ... ...	... ... ...	12	9	468 17 6	15'44	...	Bannu and Agra.
5th Infantry	743	658	18	Admitted Died Invalided	46 9 ...	... ... ...	... ... ...	... ... ...	141 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	7 3 ...	15 ... ...	... ... ...	15 ... ...	... ... ...	... ... ...	2	6	11	486 12 ...	21'17	...	Quetta from Chaman and Loralai in October 1921.
1-6th Royal Jat Light Infantry.	504	717	14	Admitted Died Invalided	11 ... ...	... ... ...	... ... ...	... ... ...	214 1 2	4 ... ...	... ... ...	... ... ...	1 ... 1	... ... ...	2 1 ...	18 ... 1	2	15 ... ...	... ... ...	2 ... 1	... ... ...	1	10	481 4 11	18'89	...	Delhi, Tank and Jhansi.
2-6th Royal Jat Light Infantry.	291	244	2	Admitted Died Invalided	... ... ...	1 1 ...	... ... ...	... ... ...	23	5 ... ...	... ... ...	... ... ...	... ... ...	1 1 ...	1	15	3	6 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	95 2 1	3'68	...	Bareilly in November 1921 from Agra.
1-7th Rajputs	677	406	7	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	4 2 ...	1 ... ...	... ... ...	... ... ...	... ... ...	1	4 3 ...	31 ... ...	... ... ...	6 ... ...	... ... ...	... ... ...	... ... ...	17	14	119 6 1	4'70	...	Santa Cruz in March 1921 from Mhow.
2-7th Do.	400	221	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	61 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	19 2 1	... ... ...	5 ... ...	... ... ...	... ... ...	... ... ...	3	2	154 2 3	5'52	...	Fatehgarh in April 1921 from Allahabad.
8th Do.	825	528	4	Admitted Died Invalided	17 ... ...	... ... ...	... ... ...	... ... ...	190 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 1 ...	4 3 ...	33 ... 2	5 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5	21	452 4 3	18'28	...	Allahabad.
1-9th Bhopal Infantry.	645	511	26	Admitted Died Invalided	43 2 ...	... ... ...	... ... ...	... ... ...	263 1 ...	6	1 ... ...	... ... ...	2	1	8 4 ...	47 2 ...	5	1 ... ...	... ... ...	... ... ...	... ... ...	18 ... 1	4	496 9 2	15'63	...	Ambala in October 1921 from Hangu and Landi-kotal.
2-9th Delhi Regiment.	186	192	2	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	12 ... ...	... ... ...	... ... ...	... ... ...	2	1 ... 1	2 1 ...	8 ... 1	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	8	1	70 2 2	3'03	...	Nasirabad.
3-9th Bhopal Infantry.	77	366	3	Admitted Died Invalided	4	13	2 ... 2	1	8 ... 1	4	2	2 ... 1	4 ... 1	15	96 1 8	7'49	...	Alipore and Jhelum.

INDIAN TROOPS, 1921.

TABLE XXIV—continued.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Grant of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments, detachments during the year with dates of occupation. Last move.	
INFANTRY— <i>contd.</i>																													
180	1-11th Jats	815	620	23	Admitted Died Invalided	12 1 ...	...	...	3 1 ...	234 ... ...	...	...	...	...	5 1 2	4	47 ... 1	3 1 ...	2 ... ...	...	...	2 ... ...	...	4 ... 1	8	589 4 11	22'22	...	Delhi, in October 1921, from Jhansi.
181	2-10th Jats	20	211	5	Admitted Died Invalided	...	...	...	...	15 ... ...	...	...	...	12 1 6	...	2	6 1 1	1	1 ... ...	...	...	...	...	4 ... 1	11	127 3 15	7'31	...	Delhi.
182	11th Rajputs	900	630	23	Admitted Died Invalided	30 ... ...	...	...	...	68 ... 2	13 ... ...	...	...	1	1	4 2 ...	24 ... 1	8 ... ...	...	5 ... ...	...	...	...	2 ... 1	14 ... 3	241 5 9	10'23	...	Fyzabad Rai Bar.
183	1-12th Pioneers	89	110	5	Admitted Died Invalided	...	1 1 ...	...	...	11 ... ...	...	...	...	2 ... 2	...	1	3 ... ...	...	...	...	...	...	...	...	12 ... 1	57 2 5	4'83	...	Allahabad, August 1921, from Mut.
184	2-12th Pioneers	479	505	19	Admitted Died Invalided	1 ... ...	...	...	1	59 ... 1	33 ... ...	...	...	1	1	1	17 ... 1	18 ... 1	29 ... ...	...	...	...	...	4 ... 1	17	295 2 9	13'34	...	Lahore Landikot, from Ali Masjid and Fort Jam.
185	13th Rajputs	724	575	5	Admitted Died Invalided	24 2 ...	...	...	1	117 ... ...	...	...	...	...	4 ... 2	4	12 ... 1	3 ... ...	...	7 ... ...	...	1 ... ...	...	3	18	376 2 9	13'96	1	Nasirabad, July 1921, from Sita.
186	14th Ferozepore Sikhs.	814	533	7	Admitted Died Invalided	...	...	...	...	270 ... 1	85 ... ...	...	...	1	2 ... 2	8	35 ... 1	2	34 ... ...	...	1 ... ...	...	...	...	9	637 5 6	14'39	...	Jullundur, November 1921, from Fort Jam and Masjid.
187	1-15th Ludhiana Sikhs.	131	168	9	Admitted Died Invalided	8 ... ...	...	...	...	42 ... 2	2 ... ...	...	...	...	1 ... 1	1 ... ...	...	1 ... ...	...	...	...	...	...	1 ... 1	5	102 ... 8	4'80	...	Jullundur.
188	2-15th Ludhiana Sikhs.	768	409	24	Admitted Died Invalided	18 3 1	...	...	...	134 ... 3	27 ... 1	...	...	10 1 2	1 ... 1	4	7 ... ...	...	12 ... ...	...	...	2	7	7	379 7 8	19'38	...	Quetta, August 1921, from Ferozepore, Sandeman and Harnai.	
189	16th Rajputs	910	579	27	Admitted Died Invalided	3 1 ...	...	...	...	194 ... 2	15 ... ...	...	...	2 ... ...	...	7	32 2 1	23 1 ...	11 ... ...	...	...	...	...	3 ... 2	27 ... 2	490 9 7	18'96	...	Fatehgarh Manzai, August 1921, from Ludhiana.
190	1-17th Infantry	424	405	10	Admitted Died Invalided	48 1 1	...	...	...	119 ... ...	...	...	...	1 ... ...	...	6	17 ... 2	1	4 ... ...	...	...	...	...	1	10	366 1 8	15'83	...	Jhansi, now, from Ludhiana.
191	2-17th Infantry	150	182	...	Admitted Died Invalided	61 2 ...	...	...	...	30	1 ... ...	...	...	...	...	4	2 ... 1	2	3 ... ...	...	...	...	...	...	7	177 3 ...	6'53	...	Ferozepore.
192	18th Infantry	350	607	35	Admitted Died Invalided	6	1 ... ...	...	1	141 ... 1	2 ... ...	...	...	...	6	3 2 1	21 15 ...	27 2 ...	5 4 ...	20 ... ...	...	1	3	7	16	481 25 2	26'56	...	Lakaband, Murgha, Harnai, July 1921, from Allahabad.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classifi- cation.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
19th Punjabis .	804	666	9	Admitted Died Invalided	8 ... ...	... ... ...	... ... ...	... ... ...	100 ... 2	80 ... ...	... ... ...	... ... ...	4 ... 1	4 ... 3	3 1 ...	2 1 ...	15 1 ...	33 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	14	397 3 13	16'10	...	Jullundur, in November 1921, from Landikotal and Peshawar.
2-19th Punjabis .	985	315	37	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	77 ... 4	... ... ...	... ... ...	... ... ...	8 ... 3	1 ... 1	... ... ...	15 3 ...	16 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	14	228 3 19	19'10	...	Karachi and Jhelum.
10th Infantry .	843	809	31	Admitted Died Invalided	10 3 ...	... ... ...	... ... ...	... ... ...	259	7 ... ...	... ... ...	... ... ...	5 ... 3	1 ... 1	3 1 ...	17	3 1 ...	12 ... ...	... ... ...	... ... ...	... ... ...	1	1	492 5 6	18'92	...	Loralai, in June 1921, from Fort Sandeman and Hindu-bagh.
21st Punjabis .	426	301	8	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	... ... ...	35	23	2 ... ...	... ... ...	1	2 1 ...	3	5 ... 1	12 ... 1	1 ... ...	... ... ...	1 ... ...	... ... ...	1	10	161 1 9	7'66	...	Ferozepore, in March 1921, from Jhelum.
21st Punjabis	743	769	26	Admitted Died Invalided	17	2 2 ...	... ... ...	... ... ...	369 1 ...	42 ... ...	... ... ...	... ... ...	8 ... 1	1 ... 1	7 2 ...	8	9	27 ... ...	... ... ...	1	6 1 ...	11 2 ...	678 24 8	19'18	...	Jandola, Mhow and Dardoni.	
22nd Punjabis .	795	603	56	Admitted Died Invalided	2 ... ...	... ... ...	2	354 ... 4	19 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3 1 2	8	15	15	15 ... ...	... ... ...	... ... ...	... ... ...	3 ... 2	6	666 2 31	25'93	...	Rawalpindi.
22nd Punjabis .	370	232	9	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	... ... ...	49 ... 1	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 1 ...	7	9	3 ... ...	... ... ...	... ... ...	... ... ...	4	6	138 1 6	7'65	...	Lahore, in June 1921, from Montgomery and Rawalpindi.
23rd Sikh Pioneers.	865	648	18	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	72	16 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	6 ... 1	3	5 ... ...	... ... ...	... ... ...	... ... ...	3	19	218 ... 4	13'32	...	Ambala and Mardan, in April 1921, from Delhi.
23rd Sikh Pioneers.	780	632	30	Admitted Died Invalided	25 1 ...	... ... ...	... ... ...	... ... ...	53	4 ... ...	... ... ...	... ... ...	21 ... 8	... ... ...	8 4 1	12 1 1	18	35 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	68	442 7 29	28'90	1	Landikotal, in October 1921, from Quetta.
3-23rd Sikh Pioneers.	122	128	4	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	14	4 ... ...	... ... ...	... ... ...	2 ... 2	... ... ...	2	3	2	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5	121 ... 5	5'62	...	Campbellpore.
24th Punjabis .	853	799	24	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1 ... 1	106	62 ... ...	... ... ...	... ... ...	1 ... 1	... ... 2	19 1 ...	7 ... 2	2	18 ... 1	... ... ...	1 ... ...	... ... ...	3 1 ...	10	457 3 10	19'73	...	Nowshera, Montgomery and Cherat.
1-25th Punjabis .	795	539	17	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	95 ... 3	3 ... ...	... ... ...	... ... ...	2 ... 1	2 ... 2	3	7 ... 1	28 ... 2	4 ... ...	... ... ...	1 ... ...	... ... ...	2	14 ... 1	250 1 18	13'23	...	Jhelum.

INDIAN TROOPS, 1921.

TABLE XXIV—continued.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anamia.	Venereal Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments during the year with date of occupation. Last move.
205	INFANTRY— contd. 2-25th Punjabis .	852	789	3	Admitted Died Invalided	... ... ...	3 1 ...	... ... ...	... ... ...	116 ... 1	... ... ...	... ... ...	... ... ...	7 ... 1	1 ... 2	6 1 ...	30 ... 1	7	7	13 ... ...	... ... ...	... ... ...	10	11	398 5 13	16.78	...	Ladha Delhi.
206	1-26th Punjabis .	850	788	2	Admitted Died Invalided	... ... ...	1 ... ...	... ... ...	... ... ...	292 4 1	10 ... ...	... ... ...	... ... ...	4 ... 1	2 ... 2	8	19 2 ...	... ... ...	... ... ...	10 ... ...	... ... ...	9 1 ...	23	7	546 18 8	20.41	...	Sora and dur.
207	2-26th Punjabis .	208	217	4	Admitted Died Invalided	... ... ...	5 ... ...	... ... ...	... ... ...	13 ... ...	... ... ...	... ... ...	... ... ...	... ... 2	... ... ...	4 1 ...	12 ... ...	... ... 2	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	25	126 2 6	8.09	...	Poona, in 1921, Tigris C.
208	1-27th Punjabis .	591	473	14	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	32 ... 1	22 ... ...	... ... ...	... ... ...	1	3 ... 3	5 1 ...	36 ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	17	1	235 1 7	8.34	...	Pishin, in 1921, Multan.
209	2-27th Punjabis .	...	144	4	Admitted Died Invalided	... ... ...	12 1 ...	... ... ...	... ... ...	6 ... 1	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 1 ...	7 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	4	60 2 1	4.45	...	Tigris Ca
210	28th Punjabis .	153	171	28	Admitted Died Invalided	... ... ...	1 1 ...	... ... ...	... ... ...	40 1 ...	... ... ...	... ... ...	... ... ...	4 ... 1	1 ... 2	3	2 3 ...	10 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 1 ...	4	127 7 10	8.53	...	Jhelum.
211	29th Punjabis .	1,058	710	36	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	324 2 ...	3	1 ... ...	... ... ...	4	1	5 3 ...	38 1 ...	3	33 ... ...	... ... ...	... ... ...	... ... ...	5	5	606 7 ...	11.05	...	Thal, Lockhart and Han
212	1-30th Punjabis .	721	420	13	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	143	4 ... ...	... ... ...	... ... ...	7 ... 3	... ... ...	4	13 1 ...	26	7 ... ...	... ... ...	... ... ...	... ... ...	6	8	289 1 4	12.77	...	Rawalpindi in Dec 1921, Lahore Montgo- mery.
213	2-30th Punjabis .	205	205	3	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	5	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5	4	2	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5	57 ... 7	3.54	...	Multan.
214	31st Punjabis .	807	621	19	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	117 ... 28	56 ... ...	... ... ...	... ... ...	1	1 ... 2	18 6 ...	26 2 1	14	8 ... ...	... ... ...	... ... ...	1 ... 1	... ... ...	11	626 9 38	19.88	...	Peshawar, May 1 from Jhe
215	1-32nd Pioneers. Sikh	258	543	10	Admitted Died Invalided	... ... ...	1 1 ...	... ... ...	... ... ...	17	2 ... ...	... ... ...	... ... ...	... ... ...	2 ... 3	2 1 ...	7	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4	148 3 6	7.33	...	Sialkot Multan.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anaemia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
2-32nd Sikh Pioneers.	124	124	2	Admitted Died Invalided	..	..	..	..	10	..	..	..	..	1	2	6	1	..	..	..	..	..	1	33	2'41	..	Sialkot.
1-33rd Punjabis .	225	194	28	Admitted Died Invalided	..	..	..	..	33	..	..	..	4	1	6	6	6	..	..	..	..	1	6	122	9'46	..	Jhelum.
1-33rd Punjabis .	70	24	..	Admitted Died Invalided	..	..	..	..	2	..	..	..	..	..	..	1	..	..	..	..	..	..	..	16	0'80	..	Campbellpore.
1-34th Royal Sikh Pioneers.	864	925	10	Admitted Died Invalided	..	..	..	..	65	31	..	..	1	2	3	28	3	18	..	2	..	5	11	281	11'08	..	Nowshera and Fort Jamrud.
1-34th Royal Sikh Pioneers.	..	6	1	Admitted Died Invalided	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	0'25	..	Sialkot.
1-34th Royal Sikh Pioneers.	574	241	11	Admitted Died Invalided	13	..	..	..	19	..	1	..	..	..	6	9	2	1	..	..	..	1	6	110	7'40	..	Landikotal and Ambala.
1-35th Sikhs .	708	232	12	Admitted Died Invalided	..	..	..	..	60	3	..	..	7	2	2	3	9	3	..	1	..	1	4	156	9'75	..	Jhelum, in September 1921, from Ambala.
1-35th Sikhs .	..	219	10	Admitted Died Invalided	..	..	..	..	40	5	..	..	3	..	3	12	5	5	..	..	..	4	17	146	9'77	..	Ambala and Karachi.
1-6th Sikhs .	836	427	14	Admitted Died Invalided	..	2	..	..	175	36	1	..	9	4	6	24	15	10	..	..	..	3	8	453	15'99	..	Saidgi, in February 1921, from Nowshera and Kalabagh.
1-7th Dogras .	850	663	4	Admitted Died Invalided	..	..	..	1	144	6	..	..	4	2	5	11	2	2	..	..	..	10	8	287	10'83	..	Khirgi, in November 1921, from Saugor.
1-8th Dogras .	721	587	5	Admitted Died Invalided	..	..	..	1	44	36	..	..	..	4	6	11	12	10	..	..	..	2	5	208	10'83	..	Ferozepore, in March 1921, from Jhelum.
1-39th Royal Garhwal Rifles.	258	509	9	Admitted Died Invalided	..	..	..	..	89	..	..	..	3	10	7	22	..	12	..	..	..	2	8	287	12'76	..	Lucknow.
1-39th Royal Garhwal Rifles.	21	515	6	Admitted Died Invalided	..	..	..	..	183	..	..	..	3	6	7	45	..	12	..	2	..	..	10	480	18'88	..	Lansdowne.

INDIAN TROOPS, 1921.

TABLE XXIV—continued.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Venereal Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year, with dates of occupation. Last movement.
229	INFANT-Y— contd. 3-39th Royal Garhwal Rifles.	856	855	2	Admitted Died Invalided	41 1 ...	...	...	...	129 1 1	183 ... ...	...	...	2 ... 1	3 1 1	2 2 ...	55 1 3	2	11 ... ...	...	...	...	2	6	518 6 11	30.45	...	Chitral, D and L down.
230	4-39th Royal Garhwal Rifles.	464	494	7	Admitted Died Invalided	...	...	...	1	145	21 ... ...	...	...	...	7 ... 6	6 2 ...	35 ... ...	... ... ...	1 ... ...	...	...	...	2	7	362 3 12	14.78	...	Lansdown and Kot in M 1921, f Ladha.
231	40th Pathans	843	736	25	Admitted Died Invalided	...	...	...	1	85 1 ...	44 ... ...	...	...	...	1 ... 1	3 1 ...	4 3 ...	2	9 ... ...	...	...	...	1	3	304 6 2	13.80	...	Nowshera
232	1-41st Dogras	193	133	3	Admitted Died Invalided	1 ... ...	...	...	...	28	3 ... ...	...	...	1 ... 1	...	1	1 ... 1	3	2 ... ...	...	...	...	...	6	116 ... 6	4.86	...	Jullundur Novem 1921, Bareilly.
233	2-41st Dogras	814	165	5	Admitted Died Invalided	...	...	...	1	109 1 ...	1 ... ...	...	...	...	...	6	5	2 ... ...	...	...	...	...	1	3	162 1 4	5.77	...	Jullundur April from La
234	1-42nd Deoli Regiment.	277	278	4	Admitted Died Invalided	...	...	...	...	27 ... ...	... ... ...	...	...	1 ... 1	3 ... 4	1	8 ... 1	... ... ...	5 ... ...	...	...	1 ... ...	...	19	129 2 11	5.50	...	Deoli.
235	2-42nd Deoli Regiment.	803	333	9	Admitted Died Invalided	...	...	...	...	10 1 ...	... ... ...	...	...	...	5 2 3	4 1 ...	15	13	2 ... ...	...	...	8	1	4	99 4 5	4.97	1	Landikot and Deo
236	43rd Erinpura Regiment.	826	367	19	Admitted Died Invalided	...	...	...	...	18 ... ...	... ... ...	...	...	...	...	9	11 ... ...	... ... ...	5 ... ...	...	...	...	10	12	171 1 1	6.40	...	Erinpura Pishin.
237	44th Marwara Infantry.	30	221	19	Admitted Died Invalided	...	...	...	...	15 ... 1	... ... ...	...	...	4 3 ...	2 2 ...	12 2 ...	25 6 ...	... ... ...	...	...	...	1	2	2	119 13 1	6.23	...	Ajmer.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
5th Rattray's Sikhs.	783	466	2	Admitted Died Invalided	...	...	...	...	16 1	...	...	...	2	5	...	7	2	1	...	...	...	1	10	96 1 7	6'55	...	Jhelum, in December 1921, from Multan.
6th Punjabis	167	423	6	Admitted Died Invalided	...	1	1	1	110	...	...	...	...	...	...	1	8	1	...	...	...	...	...	173 3 5	4'99	...	Multan, in November 1921, from Jhelum.
7th Sikhs	804	689	9	Admitted Died Invalided	2	1	...	3	52	28	...	...	1	1	6	2	23	9	...	...	...	1	8	215 2 5	8'05	...	Fort Jamrud.
8th Pioneers	137	478	59	Admitted Died Invalided	...	...	...	...	117 8	4	...	...	8	1	3	34	...	15	...	...	...	73 6	6	486 9 21	14'01	...	Kotkai, in November 1921, from Jandola and Allahabad in August 1921 from Muttra.
50th Kumaon Rifles.	313	286	8	Admitted Died Invalided	4	...	...	...	42	6	...	...	1	5	6	13	1	...	...	...	...	4	11	205 6 32	13'68	...	Bareilly.
50th Kumaon Rifles.	906	715	29	Admitted Died Invalided	...	7	...	...	367	36	1	...	4	3	11	41	6	12	...	2	...	31	27	777 11 18	23'86	...	Bareilly and Sora Rogha from Kotkai in November 1921.
1st Sikhs.	839	682	22	Admitted Died Invalided	...	...	...	...	166	...	...	...	13	3	1	20	5	10	...	...	...	1	13	353 1 20	15'21	...	Kohat.
2nd Sikhs	992	395	5	Admitted Died Invalided	8	...	...	...	89	1	...	...	1	3	...	5	1	...	...	...	...	2	8	201 ...	8'81	...	Jullundur and Amritsar.
3rd Sikhs	571	571	22	Admitted Died Invalided	...	...	...	1	237	1	...	...	8	...	1	20	4	36	...	1	...	2	13	459 5 14	16'00	...	Kohat and Mohamed Khel.
54th Sikhs	971	553	13	Admitted Died Invalided	7	...	1	1	72	5	...	...	...	7	6	9	4	4	...	...	...	3	15	229 2 12	12'82	...	Fort Jamrud, in November 1921, from Jullundur.
2-54th Sikhs	647	445	9	Admitted Died Invalided	26	...	...	...	21	14	...	...	1	5	2	11	10	3	...	...	...	...	10	166 3 5	9'42	...	Peshawar.

INDIAN TROOPS, 1921.

TABLE XXIV—*contd.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied regiments detachments during the occupation Last month.
INFANTRY - contd.																												
249	1-55th Coke's Rifles.	897	539	13	Admitted Died Invalided	...	...	...	1	68	12	...	...	...	3	3	21	9	9	...	1	...	4	7	308	11'76	...	Campbell and Atto
250	2-55th Coke's Rifles.	171	128	3	Admitted Died Invalided	...	...	...	1	16	10	...	...	...	2	5	7	2	5	...	...	...	...	8	10	4'75	...	Campbell
251	1-56th Punjabi Rifles.	844	646	28	Admitted Died Invalided	...	1	...	...	596	15	...	...	1	3	4	26	7	22	...	1	2	...	10	367	25'71	...	Kohat.
252	2-56th Punjabi Rifles.	173	186	4	Admitted Died Invalided	2	...	...	...	12	2	...	...	1	...	1	4	5	1	...	...	...	2	1	68	2'93	...	Ferozepore October 1921, Jullundur
253	57th Wilde's Rifles.	877	650	37	Admitted Died Invalided	...	...	...	2	227	34	...	...	3	5	14	21	21	28	...	...	...	5	12	663	24'90	...	Rawalpind
254	58th Vaughan's Rifles.	515	157	4	Admitted Died Invalided	...	...	...	...	63	...	...	...	...	3	2	9	...	9	...	...	...	...	4	125	5'66	...	Tank, December 1921, Sialkot Multan.
255	59th Royal Scinde Rifles.	671	671	28	Admitted Died Invalided	...	...	...	...	357	12	...	...	3	3	4	24	8	21	...	1	...	...	5	572	23'05	...	Kohat.
256	1-61st Pioneers	793	560	12	Admitted Died Invalided	5	...	...	...	101	...	...	...	1	1	4	19	1	4	...	...	...	...	65	421	23'10	...	Kirkee, March 1921, from Sialkot
257	2-61st Pioneers	246	286	5	Admitted Died Invalided	8	...	...	...	49	...	...	...	1	1	1	14	...	10	1	...	...	...	31	189	11'87	...	Bangalore.
258	62nd Punjabis	684	684	9	Admitted Died Invalided	5	7	...	...	384	71	...	...	3	2	11	22	3	7	...	...	...	6	9	697	12'35	...	Ali Masjid.
259	63rd Palamcottah Light Infantry.	163	259	1	Admitted Died Invalided	4	...	...	...	30	...	...	...	1	4	3	9	1	6	...	...	...	...	35	220	19'15	...	Secunderab.
260	64th Pioneers	797	410	6	Admitted Died Invalided	12	...	...	...	25	...	...	1	4	1	2	16	...	5	1	...	...	...	25	229	14'20	...	Bangalore.
261	1-65th Punjabis	152	140	5	Admitted Died Invalided	...	...	...	...	8	4	...	...	1	...	3	2	7	...	...	...	...	2	2	48	2'68	...	Ferozepore, May 1921, from Multan.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
2-6th Punjabis .	143	349	7	Admitted Died Invalided	34 ... ...	... ... ...	... ... ...	... ... ...	16 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5 2 ...	26	2	6 ... ...	... ... ...	... ... ...	... ... ...	2	20	195 2 3	8'38	...	Benares, in June 1921, from Sitapur.
1-7th Punjabis .	824	592	14	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	216 ... 19	21 ... ...	... ... ...	... ... ...	... ... ...	2 ... 2	12 1 ...	10	1	20 ... ...	... ... ...	... ... ...	... ... ...	2	8	416 2 26	12'88	...	Peshawar, in October 1921, from Nowshera.
2-67th Punjabis .	224	482	18	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1 1 ...	52 1 ...	4 ... ...	... ... ...	... ... ...	... ... ...	2 ... 2	11 1 ...	11	1	4 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	27	213 3 2	12'14	...	Multan, in September 1921, from Agra.
1-69th Punjabis .	750	744	10	Admitted Died Invalided	32 3 ...	... ... ...	... ... ...	... ... ...	125 ... 1	15	1 ... ...	... ... ...	6 ... 1	... ... ...	... ... ...	7	34	28 ... ...	... ... ...	1 ... ...	... ... ...	8	9	417 5 8	16'00	...	Ferozepore and Ladha, in August 1921, from Plaza Raghza.
2-69th Punjabis .	839	734	15	Admitted Died Invalided	5 ... ...	... ... ...	... ... ...	3	87	39 ... ...	... ... ...	... ... ...	2	3 1 1	8	26 ... 1	13	11 ... ...	... ... ...	... ... ...	... ... ...	3	9	445 14 6	20'43	...	Ferozepore, Dardoni and Mohamed Khel.
1-70th Rifles. Burma	...	5	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	7	18	1'82	...	Rangoon.
2-70th Rifles. Burma	661	441	11	Admitted Died Invalided	13 ... ...	... ... ...	... ... ...	... ... ...	37 ... ...	... ... ...	... ... ...	... ... ...	6	1 ... 1	1	19 ... 1	... ... ...	4 ... ...	... ... ...	1 ... ...	... ... ...	2	251	578 1 13	36'13	...	Mandalay, in May 1921, from Meiktila and Maymyo.
3-70th Rifles. Kachin	735	828	3	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	125 ... ...	... ... ...	... ... ...	... ... ...	2	3 ... 2	11	30 ... 1	2	40 ... ...	... ... ...	... ... ...	... ... ...	27	109	777 5 10	45'82	...	Maymyo and Cannanore.
4-70th Chin Rifles	838	530	4	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	1	32 ... ...	... ... ...	... ... ...	... ... ...	1	1	3	35	1	6 ... ...	... ... ...	... ... ...	... ... ...	1	152	452 3 3	28'96	...	Maymyo, in December 1921, from Meiktila and Shwebo.
5-70th Rifles. Burma	178	247	9	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	20 ... ...	... ... ...	... ... ...	... ... ...	2 ... 2	... ... ...	2	8 ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	61 ... 1	200 ... 6	15'13	...	Meiktila.
71st Punjabis .	1,274	585	19	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	165	3 ... ...	... ... ...	... ... ...	1	4 ... 4	13 2 ...	16	6	3 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	29	366 3 7	18'61	...	Chakdara and Nowshera, October 1921, from Agra and Dargai.
1-72nd Punjabis .	122	189	9	Admitted Died Invalided	21 ... ...	... ... ...	... ... ...	... ... ...	28 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... 1	1	8	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	11	139 ... 1	5'65	...	Alir ore, in November 1921, from Barrackpore and Muttra.

INDIAN TROOPS, 1921.

TABLE XXIV—*contd.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.
Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Serial Number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average Number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied regiments detachments during the year with dates of occupation. Last move.	
274	INFANTRY— <i>contd.</i> 2-72nd Punjabis .	154	151	...	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	...	10	18	1	1'38	...	Anandi May from Ahn nagar.
275	1-73rd Carnatic Infantry.	866	642	13	Admitted Died Invalided	6	...	...	...	262	68	1	...	7	2	6	34	10	8	...	...	...	3	56	728	5	31'44	1	Bannu Trichino- poly, November 1921, Barrack.
276	2-73rd Carnatic Infantry.	36	255	...	Admitted Died Invalided	8	...	...	1	26	...	...	...	2	1	4	23	1	1	...	...	...	...	35	266	2	19'96	...	Cannanore May from Bell
277	74th Punjabis	805	539	11	Admitted Died Invalided	...	2	...	1	147	4	...	...	3	3	5	12	1	25	...	...	...	...	21	338	4	14'77	4	Landikota November 1921, Agra.
278	7-th Carnatic Infantry.	753	595	9	Admitted Died Invalided	20	...	...	1	8	...	...	...	1	1	4	38	2	8	...	...	...	1	63	487	2	25'21	...	Secunderabad in July from Bar lore.
279	1-76th Punjabis .	337	149	13	Admitted Died Invalided	2	...	...	...	8	...	1	...	6	...	...	9	1	...	...	...	...	3	4	78	1	5'57	...	Bellary Tigris Ca
280	2-76th Punjabis .	157	249	10	Admitted Died Invalided	14	1	...	...	96	1	...	...	1	1	...	8	4	5	...	...	...	1	13	326	3	18'45	...	Jubbulpore
281	79th Carnatic Infantry.	821	541	1	Admitted Died Invalided	4	...	...	1	29	...	...	...	2	1	...	14	1	3	...	...	...	...	42	240	2	15'07	...	Poona, November 1921, Secunder bad.
282	80th Infantry .	...	260	3	Admitted Died Invalided	24	...	...	...	11	...	...	...	3	3	1	4	1	2	...	1	...	...	23	184	...	10'68	...	Secunderabad in July 1921, Mandala and Bha
283	81st Pioneers .	329	506	17	Admitted Died Invalided	25	...	...	...	29	...	...	...	...	1	2	11	2	12	...	...	...	...	36	258	4	19'21	...	Bangalore in July from Se derabad.
284	82nd Punjabis	705	844	12	Admitted Died Invalided	2	2	...	...	16	10	...	...	11	1	14	35	1	7	...	1	4	12	13	640	7	24'31	...	Sora Rea and Le now, April from Jha and Janda

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average Number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
83rd Wallajahbad Light Infantry.	802	488	16	Admitted Died Invalided	13 1 ...	...	...	...	29 ...	...	...	...	3 ...	4 ...	2 1 ...	33 ...	1 ...	4 ...	...	1 ...	...	1 ...	25 ...	304 4 11	21'28	...	Madras and Cannanore in May 1921 from Trichinopoly.
84th Punjabis	904	550	22	Admitted Died Invalided	5 1 ...	1 ...	...	...	94 1 ...	1 ...	...	...	3 ...	...	4 3 ...	22 ...	29 ...	7 ...	...	...	...	7 1 ...	19 ...	413 5 3	19'11	...	Jhelum in May 1921 from Cawnpore and Barrackpore. Trichinopoly in April 1921 from Madras.
86th Carnatic Infantry.	606	304	14	Admitted Died Invalided	4 ...	...	...	...	12 ...	...	...	...	3 ...	3 ...	3 1 ...	22 1 ...	3 ...	6 ...	...	...	...	...	26 2 ...	326 3 33	13'14	...	Trichinopoly in April 1921 from Madras.
87th Punjabis	695	412	18	Admitted Died Invalided	3 ...	1 ...	...	...	15 ...	3 ...	...	...	4 ...	3 ...	4 2 ...	7 1 ...	3 1 ...	9 ...	...	...	...	...	2 ...	105 1 5	6'28	...	Rawalpindi from November 1921 from Jhansi and Multan. Madras and Wellington.
88th Infantry	53	573	17	Admitted Died Invalided	3 ...	...	1 ...	...	31 ...	...	...	...	1 ...	1 1 ...	...	37 ...	3 ...	5 ...	3 ...	...	1 ...	...	54 ...	339 10 ...	23'39	...	Madras and Wellington.
1-89th Punjabis	722	680	9	Admitted Died Invalided	2 ...	...	...	...	405 1 54	64 ...	...	...	2 ...	6 ...	4 ...	25 ...	20 1 ...	25 ...	...	...	...	...	13 ...	789 3 67	24'85	...	Peshawar in February 1921 from Kamptee.
2-89th Punjabis	337	211	15	Admitted Died Invalided	23 2 ...	...	...	...	39 ...	1 ...	...	...	...	...	5 ...	8 ...	14 ...	6 ...	...	...	...	2 ...	21 ...	196 3 4	12'38	4	Ferozepore in October 1921 from Dinapore.
1-90th Punjabis	799	717	4	Admitted Died Invalided	4 ...	...	...	1 ...	171 ...	1 ...	...	...	5 ...	...	8 1 ...	55 ...	14 1 ...	2 ...	...	...	1 ...	6 ...	41 1 ...	650 3 5	35'30	...	Calcutta.
2-90th Punjabis	...	131	2	Admitted Died Invalided	3 ...	...	...	...	10 1 ...	...	...	...	1 ...	...	1 ...	12 1 ...	2 ...	1 ...	...	...	...	3 ...	5 ...	74 1 4	4'65	...	Kotkai and Poona.
1-91st Punjabis	84	652	7	Admitted Died Invalided	15 1 ...	...	...	...	34 1 2	...	...	...	5 1 ...	1 ...	4 1 ...	11 ...	16 ...	26 ...	...	...	...	...	16 ...	298 3 3	13'52	...	Poona.
2-91st Punjabis	...	213	...	Admitted Died Invalided	13 ...	1 ...	1 ...	...	22 ...	...	...	...	1 ...	...	...	18 ...	...	...	...	...	...	2 ...	6 ...	114 2 ...	3'86	...	Jubbulpore.
92nd Punjabis	724	712	18	Admitted Died Invalided	25 ...	...	...	...	41 1 ...	1 ...	...	...	2 ...	...	19 3 ...	23 1 ...	2 ...	4 ...	...	1 ...	...	1 ...	15 ...	305 6 3	18'65	...	Quetta.
93rd Burma Infantry.	809	745	18	Admitted Died Invalided	...	...	...	...	121 ...	...	...	...	2 ...	3 ...	1 ...	48 ...	...	...	...	...	...	...	10 ...	367 2 7	16'26	...	Mandalay in December 1921 from Bhamo.
1-94th Russell's Infantry.	655	504	2	Admitted Died Invalided	...	...	...	...	60 1 1	...	...	...	1 ...	3 ...	8 3 ...	7 1 ...	44 ...	8 ...	...	...	...	8 ...	7 ...	283 7 3	11'78	1	Jhelum in July 1921 from Nasirabad.
95th Russell's Infantry.	752	654	18	Admitted Died Invalided	...	...	...	1 ...	56 2 ...	...	...	...	3 2 1	2 ...	6 1 ...	14 ...	5 ...	5 ...	...	...	...	2 ...	5 1 ...	206 6 11	14'85	7	Benares in July 1921 from Mhow.

INDIAN TROOPS, 1921.

TABLE XXIV—contd.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Serial Number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
300	INFANTRY— contd. 1-96th Berar Infantry.	905	711	6	Admitted Died Invalided	...	...	1	...	22	...	...	...	4	1	9	108	15	1	...	...	1	4	38	437 3 6	20'17	...	Rangoon and Port Blair.
301	2-96th Berar Infantry.	521	312	10	Admitted Died Invalided	...	...	...	...	185	...	...	...	2	...	5	18	3	2	...	...	...	3	5	304 ...	12'96	...	Jhansi in July 1921, from Nowgong.
302	1-97th Deccan Infantry.	789	596	5	Admitted Died Invalided	40 2	...	...	1	196	8	...	...	7	2	2	21	6	6	...	...	...	9	15	615 6 10	27'78	...	Quetta in November 1921 from Chams and Jubbulpore
303	2-97th Deccan Infantry.	327	229	...	Admitted Died Invalided	...	...	...	...	144	...	...	...	5	...	2	19	2	4	...	1	...	2	2	270 3 6	10'33	3	Ahmedabad
304	1-98th Infantry	809	561	7	Admitted Died Invalided	...	...	...	...	146	...	...	...	1	1	2	14	3	7	...	...	...	1	18	29 1 12	11'90	...	Baroda.
305	2-98th Infantry	...	94	...	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4 ...	0'53	...	Jubbulpore.
306	99th Deccan Infantry.	784	602	...	Admitted Died Invalided	...	...	...	...	224	...	...	...	2	2	3	18	2	7	...	1	...	2	3	434 3 9	15'09	1	Ahmedabad.
307	101st Grenadiers.	805	971	15	Admitted Died Invalided	...	...	...	...	339	20	...	...	...	2	2	34	18	8	...	...	...	4	34	709 1 1	27'67	...	Cawnpore and Bannu.
308	1-102nd Grenadiers	776	520	47	Admitted Died Invalided	48 4 2	...	...	...	34	...	...	...	4	1	3	13	12	1	...	...	...	1	36	288 7 14	20'76	...	Rajkot in October 1921 from Quetta
309	2-102nd Grenadiers	53	342	15	Admitted Died Invalided	...	...	...	...	79	...	...	...	...	4	9	27	3	8	...	...	...	7	12	277 22 3	10'42	...	Bellary in August 1921 from Ahmednagar.
310	103rd Mahratta Light Infantry.	763	612	14	Admitted Died Invalided	...	1	...	...	140	10	...	...	4	2	4	23	12	...	...	...	...	43	379 7 15	2'37	...	Lahore.	
311	104th Wellesley's Rifles.	55	742	2	Admitted Died Invalided	...	5 4	...	...	211	7	...	...	7	4	7	36	40	5	...	...	57	116	7	755 20 2	19'6	...	Sora Rohga, Mhow and Khirgi.
312	105th Mahratta Light Infantry.	958	649	29	Admitted Died Invalided	15 3	...	...	...	260	10	...	...	6	...	7	23	2	30	1	3	2	...	35	686 9 4	30'71	...	Fort Sandeman in July 1921, from Murgha and Lakaband and Harnai from Santa Cruz in February 1921.
313	106th Hazara Pioneers.	941	702	7	Admitted Died Invalided	17	...	...	...	38	...	...	...	3	2	6	13	6	1	...	1	...	1	19	233 5 11	12'73	...	Quetta.
314	1-107th Pioneers	1,001	584	5	Admitted Died Invalided	2 1	...	1	...	17	...	...	...	...	4	10	3	9	...	...	...	...	47	132 1 19	12'75	...	Meerut and Delhi.	
315	2-107th Pioneers	1,041	130	...	Admitted Died Invalided	8 2	...	...	...	5	...	...	...	1	...	1	6	...	...	...	...	...	...	51 3 6	3'92	...	Jhansi.	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.	
108th Infantry	663	599	6	Admitted Died Invalided	...	...	...	...	84	...	...	...	...	1	9	27	6	6	...	1	...	...	44	319	19'40	3	Auranga b a d and Bombay
1-109th Infantry	671	801	2	Admitted Died Invalided	...	...	...	...	249	4	...	...	2	2	7	50	36	7	...	...	1	2	34	572	25'80	...	Piazza Raghza in September 1921 from Bareilly and Ladha.
2-109th Infantry	...	104	2	Admitted Died Invalided	5	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	14	1'57	...	Poona.
110th Mahratta Light Infantry	853	790	8	Admitted Died Invalided	5	4	...	...	145	30	...	...	3	...	9	43	...	24	...	1	...	1	49	496	21'83	...	Jandola.
111th Mahars	387	288	25	Admitted Died Invalided	44	...	...	...	21	1	...	...	...	...	7	17	...	...	...	3	...	...	79	435	16'34	...	Ferozepore in November 1921 from Belgaum and Ahmednagar.
1-112th Infantry	954	710	46	Admitted Died Invalided	...	...	...	1	444	8	...	...	6	...	11	48	13	21	...	...	...	8	15	714	28'20	...	Jhansi in October 1921 from Kohat and Darasmand.
2-112th Infantry	119	155	8	Admitted Died Invalided	...	...	...	...	16	...	...	...	...	1	2	3	...	6	...	...	...	...	7	99	5'77	...	Kamptee.
1-113th Infantry	814	464	13	Admitted Died Invalided	...	...	...	...	81	...	1	...	...	4	6	30	11	9	...	...	...	7	18	300	9'03	...	Ajmer in May 1921 from Benares.
2-113th Infantry	842	661	31	Admitted Died Invalided	...	4	...	1	446	29	...	...	3	4	17	59	115	67	...	1	4	46	24	1,093	33'72	...	Sora Rogha and Cawnpore in November 1921 from Benares.
114th Mahrattas	415	415	3	Admitted Died Invalided	...	...	...	...	26	...	...	...	2	1	6	44	...	4	...	2	1	2	46	249	17'75	...	Belgaum.
1-116th Mahrattas	504	402	...	Admitted Died Invalided	...	...	...	...	11	...	...	...	...	3	...	9	1	1	...	1	...	...	28	168	12'00	...	Lahore in November 1921 from Belgaum.

TABLE XXIV—*contd.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

Serial Number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation and last move.
327	INFANTRY— <i>contd.</i> 2-116th Mahrattas.	162	162	1	Admitted Died Invalided	...	...	...	...	3	...	...	...	1	...	...	3	...	...	1	...	...	1	15	69 1 6	6.42	...	Belgaum.
328	1-117th Royal Mahrattas.	851	545	4	Admitted Died Invalided	...	...	...	...	52	...	...	...	2	3	9	38	...	3	...	1	...	1	22	270 4 8	14.42	...	Pargai November 1921 from Belgaum.
329	2-117th Royal Mahrattas.	229	29	1	Admitted Died Invalided	...	...	...	...	11	...	...	...	1	...	2	12	...	1	...	...	...	...	16	83 1 3	5.44	...	Belgaum.
330	1-119th Infantry.	719	573	9	Admitted Died Invalided	...	...	1	...	18	...	...	...	1	1	5	9	...	1	...	...	...	...	22	172 2 2	8.22	...	Khirdi December 1921 from Ahmednagar.
331	2-119th Infantry.	673	155	5	Admitted Died Invalided	...	...	...	...	15	4	...	...	...	...	13	7	...	1	...	...	...	...	3	70 5 1	3.41	...	Deesa, April 1921 from Nasir- bad.
332	120th Rajputana Infantry.	551	551	4	Admitted Died Invalided	...	...	...	...	16	...	...	...	1	...	2	12	...	...	...	...	...	1	23	193 1 2	8.34	...	Ahmednagar in May 1921, from Deesa.
333	121st Pioneers	898	752	1	Admitted Died Invalided	...	1	...	...	195	6	...	...	3	...	3	19	7	11	...	2	14	28	524 6 10	18.53	...	Ladha and Sora Road in May 1921 from Kirthi and Agra.	
334	122nd Rajputana Infantry.	516	280	7	Admitted Died Invalided	...	...	...	...	11	...	...	...	2	2	...	10	3	9	...	1	1	...	22	105 ...	6.80	...	Aurangabad in July 1921 from Ahmed- nagar.
335	1-123rd Outram's Rifles.	779	513	10	Admitted Died Invalided	...	...	1	2	32	...	...	...	1	2	5	9	4	14	...	...	...	...	19	175 6 3	14.31	...	Mhow.
336	2-123rd Outram's Rifles.	972	158	...	Admitted Died Invalided	24	...	...	...	1	...	...	...	...	...	...	4	...	...	...	3	1	...	68	...	1.62	...	Erinpura.
337	1-124th Baluchis- tan Infantry.	826	401	12	Admitted Died Invalided	17 2 1	...	...	...	51	1	...	...	2	...	5	19	3	6	...	1	1	1	21	243 4 8	13.51	...	Quetta and Dalbandin.
338	2-124th Baluchis- tan Infantry.	456	574	2	Admitted Died Invalided	...	...	...	1	28	...	...	...	1	1	...	5	...	1	...	...	...	2	12	99 1 2	7.40	...	Hyderabad.
339	3-124th Baluchis- tan Infantry.	154	145	1	Admitted Died Invalided	5 1	...	...	...	3	...	...	...	1	...	1	3	3	1	...	...	...	4	8	49 1 2	5.35	...	Hyderabad and Kara.
340	1-125th Napier's Rifles.	833	927	24	Admitted Died Invalided	20	...	...	...	449	...	...	...	4	5	14	55	4	64	...	2	2	21	37	1,097 11 26	47.47	1	Poona Deolali October 1921 from Bombay.
341	1-126th Baluchistan Infantry.	744	660	16	Admitted Died Invalided	...	...	...	...	68	...	...	...	4	2	2	29	8	47	...	...	...	4	22	355 1 13	15.46	...	Karachi.
342	1-127th Baluch. Light Infantry.	803	658	24	Admitted Died Invalided	57 2	...	...	...	146	12	...	...	3	...	5	17	...	24	...	...	...	2	11	481 6 7	19.32	...	Harnai, April 1921 from Chander- pur and Sandeman July 1921 from Lora.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fever.	Malaria.	Sandfly Fevers.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
2-127th Baluch Light Infantry.	148	183	1	Admitted Died Invalided	...	...	...	...	21	...	...	...	2	1	...	9	1	1	...	...	1	3	3	70	2'14	...	Karachi and Sora-Rogha.
1-128th Pioneers	809	800	12	Admitted Died Invalided	...	...	...	...	3	...	...	...	1	3	3	46	2	2	...	1	...	1	20	577	18'73	...	Mandalay in January 1921 from Meerut.
2-128th Pioneers	131	264	10	Admitted Died Invalided	...	...	...	...	23	...	...	...	2	2	3	...	2	...	...	...	...	1	1	69	8'22	...	Allahabad in August 1921 from Meerut.
1-129th Baluchis	886	800	35	Admitted Died Invalided	11	...	1	...	211	17	...	...	11	...	8	19	...	1	...	...	...	27	12	493	...	...	Hyderabad and Kotkai.
2-129th Baluchis	808	188	3	Admitted Died Invalided	...	...	...	...	29	...	...	...	7	...	...	5	5	14	...	...	...	...	7	124	6'02	...	Karachi.
130th Baluchistan	1,767	1,253	19	Admitted Died Invalided	...	6	...	...	287	33	...	...	6	2	6	45	7	16	...	1	...	...	10	599	18'37	...	Bannu in October 1921 from Saidgi and at Hyderabad.
2-150th Infantry	215	306	2	Admitted Died Invalided	...	...	...	...	30	...	...	...	1	...	4	20	...	9	1	...	2	11	1	119	10'03	...	Chaklala and Ladha.
3-151st Infantry	723	95	...	Admitted Died Invalided	1	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	...	4	14	...	...	Poona.
2-152nd Punjabis	464	381	3	Admitted Died Invalided	1	...	...	1	29	10	...	...	...	1	2	5	...	3	...	1	...	1	3	106	7'81	...	Chaklala.
3-152nd Punjabis	...	141	...	Admitted Died Invalided	1	...	...	...	18	...	...	...	...	...	2	3	...	...	...	1	...	...	...	42	1'66	...	Shahjahanpur and Idak.
1-153rd Rifles	87	210	9	Admitted Died Invalided	70	...	2	...	11	...	...	...	...	1	1	6	4	1	...	...	3	...	2	143	8'52	...	Lakaband, Murgha and Quetta.
3-153rd Rifles	133	191	6	Admitted Died Invalided	...	...	...	...	1	...	...	...	3	1	2	7	...	...	...	...	...	...	22	81	5'07	...	Ahmednagar.
2-154th Infantry	777	88	1	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	1	...	3	...	...	...	...	...	...	2	18	0'88	...	Poona.
1st Bn. Corps of Guides	247	705	25	Admitted Died Invalided	...	...	...	3	104	...	1	...	1	5	9	38	3	7	...	...	...	1	15	314	14'25	...	Mardan.
2nd and 3rd Bns. Corps of Guides.	1,151	501	23	Admitted Died Invalided	15	...	1	3	82	4	1	...	...	3	12	41	...	8	...	...	...	2	27	337	14'20	...	Mardan and Peshawar.
1-1st Gurkha Rifles.	821	803	15	Admitted Died Invalided	15	...	...	...	227	267	...	...	...	4	2	16	11	27	...	1	...	...	3	723	23'59	...	Landikotal and Dharmasala.

INDIAN TROOPS, 1921.

TABLE XXIV—*contd.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Serial Number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent, Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
359	INFANTRY — <i>contd.</i> 1st Gurkha Rifles.	881	786	2	Admitted Died Invalided	1 1 ...	1 1 ...	...	...	294	4	...	...	...	4	5	23	1	1	...	...	...	7	7	524	16'34	...	Dharan.sala and Rogha.
360	3-1st Gurkha Rifles.	909	143	...	Admitted Died Invalided	17 ... ...	...	...	...	7	...	...	...	...	...	2	4	...	1	...	1	...	...	2	56	4'51	...	Quetta a Hindubag
361	1-2nd Gurkha Rifles.	680	495	5	Admitted Died Invalided	... ... ...	... ... ...	...	...	121	2	...	...	...	4	4	11	1	7	...	2	...	...	19	283	14'51	8	Dehra Dun.
362	2-2nd Gurkha Rifles.	769	775	11	Admitted Died Invalided	... ... ...	... ... ...	...	...	123	275	...	...	...	3	4	11	6	19	...	...	...	1	6	554	19'18	1	Landikotal April 19 from Deh Dun.
363	1-3rd Gurkha Rifles.	615	615	4	Admitted Died Invalided	15 ... ...	... ... ...	...	1	85	...	...	...	...	...	1	15	8	4	...	...	...	...	13	236	11'34	...	Almora.
364	2-3rd Gurkha Rifles.	941	812	10	Admitted Died Invalided	12 ... ...	... ... ...	...	1	401	220	...	...	1	9	8	88	3	7	...	...	...	5	12	1,045	33'17	...	Datt a k h e Dardoni a Lansdown
365	4-3rd Gurkha Rifles.	180	145	...	Admitted Died Invalided	1 ... ...	... ... ...	...	...	26	1	...	...	...	1	1	12	1	...	...	...	...	...	1	70	4'11	...	Abbottabad.
366	1-4th Gurkha Rifles.	174	174	2	Admitted Died Invalided	... ... ...	1 1 ...	...	...	52	...	...	...	...	1	2	6	...	6	...	...	...	6	8	100	8'90	...	Bakloh.
367	2-4th Royal Gurkha Rifles.	908	449	3	Admitted Died Invalided	... ... ...	... ... ...	...	2	141	...	...	...	...	3	1	13	...	13	...	1	5	13	260	16'77	...	Bakloh a Amritsar.	
368	1-5th Royal Gurkha Rifles.	942	632	3	Admitted Died Invalided	4 ... ...	... ... ...	...	...	171	3	...	...	1	1	2	56	...	...	...	...	...	1	30	364	24'72	...	Abbottabad.
369	2-5th Royal Gurkha Rifles.	1,111	695	4	Admitted Died Invalided	1 ... ...	... ... ...	...	...	487	4	...	...	...	3	6	65	7	3	...	...	...	9	700	40'20	...	Abbottabad.	
370	3-5th Royal Gurkha Rifles.	201	202	...	Admitted Died Invalided	... ... ...	... ... ...	...	...	10	3	...	...	...	...	1	16	1	7	...	...	...	...	3	93	5'33	...	Dehra Dun March 19 from Abbo tabad.
371	1-6th Gurkha Rifles.	890	763	21	Admitted Died Invalided	... ... ...	... ... ...	...	...	459	4	...	...	2	6	1	31	13	16	1	...	...	3	10	709	26'49	...	Abbottabad.
372	2-6th Gurkha Rifles.	739	732	3	Admitted Died Invalided	... ... ...	... ... ...	...	2	205	10	...	...	...	3	4	28	4	22	...	...	...	2	7	430	16'68	...	Abbottabad and Ladha.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average Number constantly sick.	Died, absent, Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
3-6th Rifles. Gurkha	70	60	1	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	0'23	...	Abbottabad
1-7th Rifles. Gurkha	922	562	2	Admitted Died Invalided	1	...	...	...	103	6	1	...	...	2	8	37	1	18	...	1	...	4	2	281	10'57	...	Quetta in September 1921 from Bakloh.
2-7th Rifles. Gurkha	934	491	3	Admitted Died Invalided	14	...	...	...	34	1	...	...	3	3	2	12	1	2	...	1	...	12	166	8'12	64	...	Quetta.
3-7th Rifles. Gurkha	923	46	1	Admitted Died Invalided	4	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	11	1'56	...	Quetta.	
1-8th Rifles. Gurkha	978	823	...	Admitted Died Invalided	...	...	...	1	161	68	...	...	4	5	8	37	14	21	...	...	...	...	15	507	12'59	...	Malakand and Shillong.
2-8th Rifles. Gurkha	519	708	8	Admitted Died Invalided	...	2	...	1	154	...	...	...	...	6	3	47	...	8	...	...	...	3	4	362	19'15	...	Lansdowne and Cannanore.
3-8th Rifles. Gurkha	117	146	...	Admitted Died Invalided	...	...	...	...	24	2	...	...	1	...	3	10	...	2	...	...	...	3	112	2'26	...	Dehra Dun in March 1921 from Kakul.	
9th Rifles. Gurkha	1,090	824	4	Admitted Died Invalided	...	...	1	...	83	5	2	...	...	5	6	16	1	9	...	1	...	46	326	19'96	...	Datta Khel in December 1921 from Dehra Dun.	
9th Rifles. Gurkha	929	794	4	Admitted Died Invalided	...	...	...	...	60	5	...	...	...	1	4	14	3	8	1	...	1	39	272	21'03	4	Cannanore in November 1921 from Dehra Dun.	
9th Rifles. Gurkha	...	20	...	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	0'43	...	Dehra Dun.	

INDIAN TROOPS, 1921.

TABLE XXIV—*contd.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Serial Number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average Number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move	
INFANTRY— <i>contd.</i>																													
383	1-10th Gurkha Rifles.	950	508	5	Admitted Died Invalided	69 1	...	3	7 2 6	6 1	33 1 1	7	...	6	1	2	...	2	6	274 7 15	13'22	...	Takdah and Chaman.
384	2-10th Gurkha Rifles.	930	836	4	Admitted Died Invalided	53 1	...	...	...	84	...	2	...	2	5	2	16 2 1	...	21	...	1	...	3	8	502 3 6	19'81	...	Chaman and Shelabagh.
385	1-11th Gurkha Rifles.	110	166	3	Admitted Died Invalided	...	...	...	...	10	...	...	...	...	3	...	16 1 1	2	...	...	...	...	...	3	73 4 3	5'14	...	Abbottabad.
386	2-11th Gurkha Rifles.	189	147	3	Admitted Died Invalided	...	...	...	...	14	...	...	...	...	3	...	14 3	5	...	...	...	...	...	4	71 3	4'63	...	Abbottabad.
387	3-11th Gurkha Rifles.	707	732	4	Admitted Died Invalided	...	1	...	...	430 1	6	...	...	2	6	8 2	36 2	14	...	5	...	1	3	7	672 8 5	21'32	...	Abbottabad.
388	Frontier Constabulary.	762	276	6	Admitted Died Invalided	...	2 1	2 1	2 1	7	...	...	...	...	1	4 2	2 1	...	...	2	...	1	...	1	51 9 2	1'59	...	Tank.
389	Waziristan, Militia.	1,091	674	5	Admitted Died Invalided	...	...	...	...	43	1	...	...	...	3	9 1	9	3	...	7	...	...	...	5	160 5 9	10'42	...	Manzai Dar, D. Khan and Dattakhel.
390	Details Infantry	2,650	2,316	137	Admitted Died Invalided	5 2	1	2	...	495 1	114	2	...	6	12 4	43 8	78 5	40 1	...	41	...	1	2	7	55	1,369 39 102	128'1
391	No. 1. Mule Corps.	250	247	8	Admitted Died Invalided	...	...	...	...	176	1	...	...	...	1	2 1	13 2	1	...	10	...	...	1	16	324 3 4	14'81	...	Kohat.
392	2nd Mule Corps	485	351	34	Admitted Died Invalided	...	...	...	1	131	56	...	...	2	1	11 1	23	10	...	40	...	1	...	15	441 5 6	19'07	...	Kohat and Landikotal in May 1921 from Nowshera.
393	3rd Mule Corps	385	400	14	Admitted Died Invalided	2 1	...	...	...	55	77	1	...	1	2 1	10 3	15 1	14	...	40	...	1	...	19	396 6 4	16'67	...	Nowshera May 1921 from Landikotal.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.	
4th Mule Corps .	427	274	2	Admitted Died Invalided	...	...	...	...	253	9	...	...	...	2	8	12	7	10	...	...	...	...	13	359	12'56	...	Peshawar.
					...	...	...	...	51	...	...	...	...	2	1	1	1	...	...	...	...	...	1	54			
5th Mule Pack Corps.	347	391	39	Admitted Died Invalided	...	...	...	...	52	14	...	...	2	...	6	15	2	4	...	...	...	...	3	161	8'79	...	Risalpur in October 1921 from Dargai and Nowshera.
					...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	2	3	7		
8th Mule Corps .	182	163	1	Admitted Died Invalided	...	...	...	...	33	...	...	...	...	2	2	8	...	2	...	...	...	1	3	86	4'27	...	Ladha.
					...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...	4	4		
9th Mule Corps .	462	225	...	Admitted Died Invalided	...	12	188	6	5	19	13	7	48	403	8'67	...	Khirmi.
					...	7	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	1	...		
10th Mule Corps .	239	194	5	Admitted Died Invalided	...	...	...	...	18	19	...	...	1	...	5	29	...	2	...	1	...	9	13	186	6'44	...	Pishin.
					...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	
11th Mule Corps .	292	233	7	Admitted Died Invalided	...	21	144	4	1	...	3	30	3	3	...	4	308	10'64	...	Lakaband, Murgha and Loralai.
					...	6	...	...	1	...	...	...	...	...	2	3	3	2	...	...	...	...	...	15	2		
12th Mule Corps .	471	372	2	Admitted Died Invalided	...	...	...	...	65	13	...	...	...	2	3	17	4	...	...	...	...	1	5	233	9'81	...	Dadoni and Dattakhe.
					...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...		
13th Mule Corps .	388	342	6	Admitted Died Invalided	...	1	...	...	35	...	...	...	2	...	...	37	...	5	...	...	...	3	44	274	17'97	...	Maymyo, Mandalay, Bhamo, Meiktila and Rangoon.
					...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	1	8			
14th Mule Corps .	399	461	34	Admitted Died Invalided	...	3	...	...	34	...	...	...	2	2	12	29	2	6	...	1	...	1	21	337	27'70	...	Quetta and Murree.
					...	...	...	...	...	...	...	...	...	...	4	2	...	...	...	...	...	...	...	7	2		
15th Mule Corps .	167	189	7	Admitted Died Invalided	...	...	...	...	44	...	...	...	2	...	...	23	...	2	...	...	...	...	1	108	8'33	...	Abbottabad and Attock.
					...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	3	...		
16th Mule Corps .	109	112	1	Admitted Died Invalided	...	...	...	...	110	24	...	...	...	1	1	5	1	1	...	...	...	...	10	171	5'14	...	Peshawar.
					...	...	...	...	12	...	...	...	...	1	...	1	...	...	...	...	...	...	...	13			
17th Mule Corps	146	76	3	Admitted Died Invalided	...	...	...	2	13	7	...	...	...	1	1	...	2	2	...	...	...	...	3	44	1'97	...	Fort Janrud in June 1921 from Ali masjid.
					...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	2		
18th Mule Corps .	70	70	...	Admitted Died Invalided	...	...	...	...	37	7	...	...	...	1	1	...	1	28	1	...	...	...	2	97	1'80	...	Alimasjid.
					...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...		
19th Mule Corps .	176	161	31	Admitted Died Invalided	...	2	...	...	84	...	...	...	...	3	6	43	...	5	...	...	...	...	13	270	12'50	...	Murree (Sunny Bark) in April 1921 from Koha and Daras and.
					...	...	...	...	2	...	...	...	...	1	...	3	...	...	...	...	...	...	4	18			

INDIAN TROOPS, 1921.

TABLE XXIV—continued.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Serial Number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classifi- cation.	Influen- za.	Cholera.	Small-pox.	Enteric Group of Fever .	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Station occupied regiment and deta- ments dur- the year v dates of occu- tion. La- move.	
408	20th Mule Corps .	161	277	16	Admitted Died Invalided	35 ... ...	... ... ...	... ... ...	... ... ...	14 ... 1	... ... ...	... ... ...	... ... ...	3	2 1 ...	2 2 ...	9 ... 2	2	1	1 1 ...	... ... ...	... ... ...	... ... ...	20	186 4 3	14'38	...	Quetta Dalband
409	21st Mule Corps .	402	318	1	Admitted Died Invalided	1	47	25	2 1 ...	4 1 ...	3	1	3	1	1	10 ... 1	141 2 1	5'06	...	Idak Bannu
410	22nd Mule Corps	146	69	2	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	33	9 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	3 ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	4	74 1 ...	4'68	...	Lucknow.
411	23rd Mule Corps .	164	88	2	Admitted Died Invalided	... ... ...	1 ... ...	... ... ...	... ... ...	19 ... 1	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	1	4 1 ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	9	55 2 1	3'06	...	Almora Bareilly.
412	24th Mule Corps .	31	74	1	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	9 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5	23 1 1	1'82	...	Cannanore Fyzabad
413	25th Pack Mule Corps.	129	154	2	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	16 ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	1	2	17	3	6 ... ...	... ... ...	... ... ...	... ... ...	1	14 ... 1	148 ... 3	8'81	...	Mhow in 1921 Bangoon
414	26th Mule Corps	473	538	13	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	... ... ...	126 ... 2	15 ... ...	... ... ...	... ... ...	... ... ...	2 ... 2	1	7	27	6 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	21 ... 1	336 2 19	15'63	...	Fort Jara and Darg
415	27th Mule Corps .	561	42	32	Admitted Died Invalided	13 3 ...	... ... ...	... ... ...	... ... ...	195	1 ... ...	... ... ...	... ... ...	1 ... 1	2 1 ...	18 7 ...	34 1 ...	8 ... 1	14 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	19	456 15 8	22'28	...	Murgha Harnai Loralai.
416	28th Draught Mule Corps.	550	263	16	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	8	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	8 4 ...	46 2 ...	6	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4	168 6 1	10'31	...	Risalpur Cannanore
417	28th Mule Cadre .	221	268	4	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	8 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	1	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	9	63 ... 22	3'24	...	Mecrut.
418	29th Mule Corps .	555	381	33	Admitted Died Invalided	52 6 ...	... ... ...	... ... ...	... ... ...	145 1 1	4 ... ...	... ... ...	... ... ...	1 ... 1	2 ... 2	11 4 ...	26 4 ...	4 3 ...	13 ... 1	... ... ...	1	9	5 ... 2	44	559 23 9	37'51	...	Murgha Quetta.
419	30th Mule Corps .	312	277	10	Admitted Died Invalided	2 1 ...	... ... ...	... ... ...	... ... ...	23 ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	1	12 ... ...	... ... ...	13 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	53	256 1 ...	17'19	...	Poona Bangalore
420	32nd Mule Corps	128	110	4	Admitted Died Invalided	... ... ...	... ... ...	1 1 ...	... ... ...	144	14 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	5	2	20 ... ...	... ... ...	... ... ...	... ... ...	1	5	240 2 1	9'91	...	Lahore Quetta.
421	33rd Mule Corps .	102	210	8	Admitted Died Invalided	20 2 ...	... ... ...	... ... ...	... ... ...	11	13 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3 1 ...	6	7	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	13	165 6 1	9'78	...	Ferozepore
422	34th Mule Cadre .	213	121	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	7	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	2	2	3 ... ...	... ... ...	... ... ...	... ... ...	3	14	67	2'53	...	Bareilly.
423	38th Mule Corps .	94	94	11	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	7 ... ...	... ... ...	... ... ...	... ... ...	1 ... 1	... ... ...	... ... ...	11 ... 1	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	6 ... 3	55 ... 8	5'83	...	Kohat.
424	40th Mule Corps .	423	48	...	Admitted Died Invalided	6 1 ...	... ... ...	... ... ...	... ... ...	7 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	8	21 1 ...	3'85	...	Peshawar.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
41st Mule Corps .	352	173	5	Admitted Died Invalided	9 ... ...	... ... ...	... ... ...	... ... ...	8	17 ... ...	... ... ...	... ... ...	... ... ...	3 1 2	1 1 ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	13 ... 1	85 2 4	7'02	...	Peshawar.
43rd Mule Corps .	20	8	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	0'05	...	Attock.
46th Mule Corps .	390	47	1	Admitted Died Invalided	19 1 ...	... ... ...	... ... ...	... ... ...	6 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	4 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	45 1 ...	2'50	...	Landikotal and Parach nar.
49th Mule Corps .	...	124	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	13 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	1	2	1	1 ... ...	... ... ...	... ... ...	5	11 1 ...	2	76 2 ...	2'86	...	Sora Rogha.
52nd Mule Corps .	340	28	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	16	0'55	...	Harnai.
53rd Mule Corps .	105	105	...	Admitted Died Invalided	3 ... ...	... ... ...	... ... ...	... ... ...	3	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3 2 ...	17	1	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3	62 2 ...	1'55	...	Ali Masjid.
54th Mule Corps	475	88	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	13 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	22	0'76	...	Fort Jan rud.
6th Mule Corps .	280	186	15	Admitted Died Invalided	14 1 ...	... ... ...	... ... ...	... ... ...	9 1 ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3 2 ...	8	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	18	135 4 3	12'74	...	Jhelum and Quetta.
61st Mule Corps .	329	105	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4	18	0'77	...	Fort Jamrud.
6th Mule Corps	20	20	7	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	3	14 6 ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	27 6 ...	1'14	...	Darasmand.
68th Mule Corps .	...	28	3	Admitted Died Invalided	4 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	7 2 ...	0'45	...	Jullundur.
71st Mule Corps .	...	87	2	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	2 1 ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	7 4 ...	10	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4 1 ...	46 4 6	5'90	...	Lahore.
81st Mule Corps .	3	3	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	...	...	Fort Cavagnary.
83rd Mule Corps .	...	3	...	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	5	0'54	...	Dera Ismail Khan.
"A" Mule Depôt	915	915	98	Admitted Died Invalided	49 4 ...	... ... ...	1	3	235 ... 1	14	1 ... ...	... ... ...	3 1 2	4 ... 3	20 8 ...	119 8 6	14 1 ...	40	1	1 ... ...	... ... ...	3	41 ... 2	717 24 28	49'25	...	Sialkot.
"B" Mule Depôt	714	1,473	56	Admitted Died Invalided	31 9 ...	... ... ...	3	5 1 ...	141 2 1	6 ... ...	... ... ...	... ... ...	8 ... 8	5 4 5	30 7 ...	36 2 3	11 1 ...	4 ... ...	... ... ...	1 ... ...	... ... ...	12 ... 3	70 1 1	614 31 68	62'53	...	Amritsar.
No. 1 Mule Depot.	...	98	...	Admitted Died Invalided	... ... ...	... ... ...	2 ... ...	... ... ...	9	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 1 ...	3	5 ... ...	... ... ...	... ... ...	... ... ...	1	3	65 2 ...	3'04	...	Karachi.
No. 2 Mule Depôt.	...	109	2	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	10 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	10 1 ...	... ... ...	6 ... ...	... ... ...	... ... ...	... ... ...	2	7	45 1 ...	3'63	...	Karachi.
No. 3 Mule Depôt.	1,176	1,241	35	Admitted Died Invalided	9	2 1 ...	3	1	268 ... 1	... ... ...	... ... ...	... ... ...	7 ... 5	3 1 2	24 7 7	91 9 21	6 1 ...	37 ... ...	... ... ...	3 ... ...	... ... ...	1 ... 1	211 ... 12	1,264 23 124	46'48	...	Meerut.

INDIAN TROOPS, 1921.

TABLE XXIV—*contd.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Serial Number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.	Station occupied regiments detachments during the occupation. Last move.
444	No. 4 Mule Depot	...	20	4	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	2 1	2	...	...	...	...	...	1	...	12 1 1	0.84	...	Karachi.
445	No. 5 Mule Depot	...	90	27	Admitted Died Invalided	138 6	1	...	...	61 1	7	...	...	...	2 1	5 1	44 1	22	16	...	2	...	4	138	593 11 15	4.27	...	Lucknow Karachi.
446	58th Pack Pony Corps.	2	2	...	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	0.01	...	Darasman
447	102nd Pony Corps	...	17	6	Admitted Died Invalided	...	...	...	...	2 1	...	...	...	...	...	14 2	25 1	...	...	...	...	...	...	12	79 3 5	6.75	...	Jullundar.
448	No. 1 Horse Transport Corps.	50	54	...	Admitted Died Invalided	...	...	...	...	22	...	...	...	...	...	5	17 2	...	5	...	...	...	...	1	53 2	1.60	...	Harnai.
449	No. 41 Government Camel Corps.	...	21	...	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	8	0.12	...	Hangu Sora Road.
450	No. 43 Government Camel Corps.	...	12	...	Admitted Died Invalided	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	3	...	6	0.10	...	Kotkai.
451	No. 44 Government Camel Corps.	...	5	...	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	0.10	...	Kotkai.
452	No. 47 Government Camel Corps.	13	11	5	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	...	2 2	3	...	...	...	...	...	...	1 1	14 2 3	1.10	...	Mardan.
453	No. 48 Government Camel Corps.	10	4	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	1 1	...	...	...	...	...	...	...	1 1	0.01	...	Harnai Kotkai.
454	No. 49 Government Camel Corps.	10	16	...	Admitted Died Invalided	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	6	0.23	...	Mughla Harnai.
	No. 50 Government Camel Corps.	9	6	...	Admitted Died Invalided	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	0.08	...	Attock.
456	No. 53 Government Camel Corps.	12	12	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	3	0.13	...	Sialkot.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average Number constantly sick.	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.		
No. 57 Government Camel Corps.	12	12	1	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	0'06	...	Multan.	
No. 59 Government Camel Corps.	...	12	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	3	0'08	...	Sora Rogha.	
No. 61 Government Camel Corps.	25	24	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	0'00	...	Harnai and Murgha.	
No. 7 Bullock Corps.	290	187	5	Admitted Died Invalided	...	...	...	...	15	...	...	...	...	...	6	9	3	4	...	...	...	...	2	73	167	11'74	...	Bareilly and Aipore.
No. 9 Bullock Corps.	11	2	2	Admitted Died Invalided	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	0'05	...	Landikotal.
No. 11 Bullock Corps.	30	4	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	6	1	0'31	...	Dardoni and Saidgi.
No. 16 Bullock Corps.	12	1	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Harnai.
No. 19 Bullock Corps.	374	56	2	Admitted Died Invalided	...	...	...	...	2	...	...	...	1	...	2	9	1	...	...	...	...	...	2	41	1	1'81	...	Delhi.
No. 20 Bullock Corps.	35	10	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Harnai.
No. 58 Bullock Corps.	448	324	7	Admitted Died Invalided	20	2	1	13	16	7	2	45	234	5	15'08	...	Bareilly.
81st Local Transport Corps.	58	192	7	Admitted Died Invalided	1	...	...	...	31	5	...	...	...	1	11	10	1	2	...	...	...	...	5	100	9	2'96	...	Dera Ismail Khan and Kotkai from Fort Lockhart and Hangu.
82nd Local Transport Corps.	...	122	5	Admitted Died Invalided	...	1	...	...	10	...	...	...	...	...	...	1	...	1	...	...	...	...	...	30	1	1'04	...	Kotkai and Manzai.
83rd Local Transport Corps.	365	533	14	Admitted Died Invalided	1	...	56	4	3	4	7	2	1	1	2	159	16	6'34	...	Dera Ismail Khan.
Details Transport Corps.	100	129	...	Admitted Died Invalided	3	...	...	...	8	5	...	...	...	1	...	...	8	...	5	...	...	...	...	95	1	3'41	...	Drosh.

TABLE XXIV—*concl'd.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Serial Number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Group of Fevers.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Pulmonary Tuberculosis.	Lobar Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia.	Veneral Diseases.	All Causes.	Average Number constantly sick.	Died, absent, Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
471	Remount Depôts	245	658	18	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	... ... ...	16	1 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	3	28 1 1	1	3 ... ...	... ... ...	... ... ...	... ... ...	2 ... 1	... ... ...	260 2 6	14.70	...	Dera Isma Khan for Saugor, here at Aurangabad
472	Central Drivers Depôt.	811	721	15	Admitted Died Invalided	13 ... ...	... ... ...	2	44 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2 1 2	12 5 ...	16	11	57	1	3 ... ...	... ... ...	... ... ...	89	549 7 5	28.03	...	Poona, Jubulpore and Dina ore.
473	Details, Supply and Transport.	510	522	28	Admitted Died Invalided	10 3 ...	3 1 ...	... ... ...	1	240 1 ...	11 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4 1 ...	22	10	22 ... ...	... ... ...	... ... ...	3	3	14 ... 8	511 8 2	18.53	...	Tank Chaman, etc.
474	Indian Hospital Corps.	972	1,243	32	Admitted Died Invalided	3	1 ... ...	... ... ...	1	173	37	1	3	3 1 ...	9 1 3	10 6 ...	63 1 2	9	12	1	2 ... 1	... ... ...	3	44	661 10 19	37.84	1	...
475	Other Corps	10,008	10,036	64	Admitted Died Invalided	83 14 ...	15 13 ...	11 1 ...	13 3 ...	2,914 22 39	300 1 ...	5	3 3 ...	48 21 ...	84 63 ...	181 57 17	491 16 ...	209 8 5	280	5 2 ...	6	6 1 15	74 10 12	609 2 59	8,166 272 490	778.12	2	...
SUMMARY.																												
1	Northern Command.	...	66,368	2,052	Admitted Died Invalided	61 50 ...	59 21 2	25	67 14 2	17,247 24 323	3,294	18	4 1 ...	221 10 83	285 60 216	806 183 7	2,990 98 64	1,253 11 13	1,045 ... 2	6 3 ...	32 ... 1	18 1 2	265 4 40	1,637 3 55	45,235 684 1,475	2,102.56	9 1	...
2	Western Command.	...	22,707	751	Admitted Died Invalided	829 81 11	... ... ...	5	6	4,173 8 19	16	2 ... ...	... ... ...	132 10 30	64 22 44	288 84 2	915 41 26	154 13 3	459 ... 1	2	16 ... 2	38	14 ... 5	899 1 19	14,980 31 37	818.31	9	...
3	Eastern Command.	...	31,635	643	Admitted Died Invalided	396 13 ...	31 16 ...	8	15 5 ...	5,950 17 33	228	27 ... ...	... ... ...	99 5 41	129 21 117	325 58 13	1,364 34 64	435 13 3	438 ... 1	2	21 ... 1	4	138 3 13	1,802 2 37	20,027 235 772	1,038.49	15 4	...
4	Southern Command.	...	30,792	634	Admitted Died Invalided	587 30 1	3	13	21 3 ...	4,678 9 46	42	1	7 6 39	128 8 75	101 18 ...	198 38 ...	1,165 13 28	146 6 4	50 1 ...	6 ... 1	30 ... 3	4	121 1 2	1,933 ... 21	10,651 196 576	1,139.18	16 1	...
5	Waziristan Force	...	17,721	667	Admitted Died Invalided	8	51 43 ...	4	8 1 ...	6,435 35 52	473	4	1	88	70 19 20	194 64 45	601 42 7	380 8 2	436 1 ...	4	10 ... 1	94 ... 15	466 10 16	320 ... 63	14,068 3.8 363	665.84	...	...
6	Burma Independent District.	...	5,275	70	Admitted Died Invalided	16 ... ...	... ... ...	1	2	515 2 1	... ... ...	... ... ...	3	26	15 4 3	31 2 ...	395 ... 10	22 1 ...	74 ... ...	... ... ...	2	1	55 ... 2	850 ... 6	4,173 21 75	245.49	...	...
7	Troops on the line of March.	...	1,386	...	Admitted Died Invalided	80 ... ...	... ... ...	9 ... ...	... ... ...	239	17	160 ... ...	... ... ...	1 ... ...	... ... ...	17 1 ...	38 2 ...	18	32 ... ...	... ... ...	... ... ...	... ... ...	5 1 ...	55	1,077 6 ...	21.54	...	...
8	Army of India	200,748	175,384	4,817	Admitted Died Invalided	2,524 174 12	154 81 2	65 5 ...	119 24 2	39,237 105 474	4,222	212	15 8 ...	695 34 216	664 145 504	1,859 431 24	7,468 232 209	2,408 52 25	3,588 2 4	20	111	159 3 ...	1,193 1 ...	7,496 6 211	119,215 1,782 2,638	6,931.41	49 6	...

INDIAN TROOPS, 1921.

TABLE XXIV-A.

Race, composition and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Musalmans.	Trans-Indus Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
1	Governor-General's Body Guards at Dehra Dun . . . . .	...	56	...	...	...	...	56	..	55	...	10	65	...	..	...	121
2	Governor's Body Guards, Bengal, at Calcutta	35	1	...	...	...	...	36	...	35	...	...	35	...	...	...	71
3	Ditto ditto Bombay . . . . .	...	33	...	...	...	4	37	...	...	...	31	33	...	...	...	70
4	Ditto ditto Madras	32	...	...	...	...	39	71	...	...	...	...	...	...	..	...	71
5	1-3rd Cavalry at Sialkot . . . . .	...	133	1	...	...	257	391	...	19	...	...	19	...	...	...	410
6	2-4th „ „ Poona	111	80	...	...	...	127	318	...	3	1	171	176	..	...	...	494
7	5-8th „ „ Secunderabad	277	...	...	...	...	237	514	...	78	...	438	516	...	...	...	1,030
8	6-7th Cavalry at Risalpur with 8 men detached at Chakdara.	161	15	2	...	...	174	351	...	8	...	226	234	...	...	...	586
9	9-10th Cavalry at Ambala and Multan . . . . .	...	191	90	...	...	13	294	...	181	69	...	250	...	...	...	544
10	11-12th Cavalry at Meerut . . . . .	...	177	177	...	...	...	374	...	176	...	...	176	...	...	...	530
11	13-16th Cavalry at Kohat, Dera Ismail Khan and Derasamand.	...	170	181	...	..	17	368	...	174	...	...	174	...	...	...	542
12	14-15th Cavalry at Sialkot and Calcutta	133	5	2	...	...	528	673	...	249	...	4	253	...	...	...	926
13	17-37th Cavalry at Lucknow . . . . .	...	151	...	...	...	5	156	...	121	85	119	325	...	...	...	481
14	18-19th „ „ Delhi . . . . .	...	150	7	...	...	144	301	...	199	...	...	199	...	...	...	500
15	20-29th „ „ Secunderabad	1	139	...	...	...	199	339	...	...	...	178	178	1	...	...	518
16	21-23rd „ „ Rawalpindi and Dar-oloni	130	207	55	...	...	189	581	...	174	35	21	230	...	...	...	811
17	22-25th „ „ Loralai and Risalpur	39	240	157	...	...	4	440	...	217	81	56	354	...	...	...	794
18	26th Cavalry at Peshawar with 75 men detached at Landi Kotal.	48	...	...	...	...	210	338	...	109	...	179	288	2	...	...	628
19	27th Cavalry at Bannu	191	...	...	...	...	292	483	...	43	...	164	207	1	...	...	691
20	28th Cavalry at Tank and Dera Ismail Khan	1	180	29	...	...	107	317	...	15	...	125	140	...	...	...	457
21	30th Lancers at Bangalore . . . . .	...	34	...	...	...	24	58	...	3	...	24	27	1	1	...	87
22	31st Lancers at Bareilly . . . . .	...	23	...	...	...	40	63	...	..	...	36	36	...	...	...	99
23	32nd Lancers at Meerut . . . . .	...	170	...	...	...	...	170	...	...	...	170	170	...	...	...	340
24	33-34th Cavalry at Jhansi and Allahabad	164	3	...	...	...	165	332	...	2	...	169	171	2	...	...	505
25	35-36th „ „ Jubbulpore and Alipore . . . . .	...	74	..	...	...	...	74	106	197	74	...	377	...	..	...	451
26	38-39th „ „ Quetta and Pishin	1	221	...	...	..	236	458	...	162	10	71	246	1	...	...	705
27	41st Cavalry at Quetta	98	132	...	...	...	...	230	...	131	...	...	131	...	2	...	263
28	Cavalry School at Saugor	9	38	4	..	...	42	93	...	28	11	25	64	...	...	...	157
29	Guides Cavalry at Mardan and Nowshera . . . . .	...	264	312	...	...	18	594	...	282	170	...	452	...	...	...	1,046
30	Details Cavalry at Malakand and Chakdara	8	16	..	...	...	...	24	...	...	...	9	9	...	...	...	33
31	C. Battery Royal Horse Artillery at Meerut	10	10	...	...	...	10	30	...	10	...	16	26	...	...	...	56

* This total should agree with the total number borne on the roll of the regiment.

INDIAN TROOPS, 1921.

TABLE XXIV-A—*contd.*

Race, composition and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Musalmans.	Trans-Indus Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL
32	"I" Battery, Royal Horse Artillery, Risa'pur	25	8	...	...	...	34	67	...	...	...	3	3	...	...	...	70
33	"K" Battery, Royal Horse Artillery, Risalpur . . . . .	...	...	5	2	...	16	23	...	44	6	1	51	...	...	...	74
34	"J and L" Battery, Royal Horse Artillery, Secunderabad	2	1	...	...	...	29	32	...	11	...	7	18	...	...	...	50
35	"C" Ammunition Column, Royal Horse Artillery, Meerut	15	10	...	...	...	12	37	...	20	...	3	23	...	...	...	60
36	"H" Ammunition Column, Royal Horse Artillery, Sialkot	1	5	...	...	...	3	9	...	57	...	17	74	...	...	...	83
37	"I" Ammunition Column, Royal Horse Artillery, Risalpur	21	5	1	...	...	39	66	...	4	...	...	4	...	...	...	70
38	"K" Ammunition Column, Royal Horse Artillery, Risalpur	1	...	...	...	...	26	27	...	35	...	12	47	...	...	...	74
39	"J and L" Ammunition Column, Royal Horse Artillery, Secunderabad . . . . .	...	...	...	...	...	63	63	...	...	...	23	23	1	...	...	87
40	27th Battery, Royal Field Artillery, Quetta and Hyderabad	1	5	...	...	...	39	45	...	34	...	...	34	...	...	...	79
41	35th Battery, Royal Field Artillery, Lahore	24	3	...	...	...	10	37	...	7	...	...	7	...	...	...	44
42	37th Battery, Royal Field Artillery, Nowshera	3	...	...	...	...	24	27	...	1	...	22	23	...	...	...	50
43	40th Battery, Royal Field Artillery, Fyzabad . . . . .	...	...	...	...	...	...	...	...	62	2	2	66	...	...	...	66
44	59th Battery, Royal Field Artillery, Kirkee	3	...	...	...	...	39	42	...	5	...	1	6	...	...	...	48
45	67th Battery, Royal Field Artillery, Bangalore	1	1	...	...	...	26	28	...	25	...	1	29	...	...	...	57
46	86th Battery, Royal Field Artillery, Quetta	11	...	6	...	...	34	51	...	7	...	5	12	1	...	...	64
47	93rd Battery, Royal Field Artillery, Kirkee	29	...	...	...	...	31	60	...	6	...	3	9	...	...	...	69
48	94th Battery, Royal Field Artillery, Belgaum . . . . .	...	...	...	...	...	20	20	...	9	...	10	19	...	...	...	39
49	95th Battery, Royal Field Artillery, Kirkee	34	2	...	...	...	22	58	...	9	...	8	17	...	...	...	75
50	99th Battery, Royal Field Artillery, Secunderabad	1	...	...	...	...	88	89	...	1	...	...	1	1	...	...	91
51	100th Battery, Royal Field Artillery, Mhow . . . . .	...	...	...	...	...	...	...	...	75	...	...	75	...	...	...	75
52	101st Battery, Royal Field Artillery, Meerut	10	10	...	...	...	10	30	...	15	...	15	30	...	...	...	60
53	102nd Battery, Royal Field Artillery, Ambala	5	1	2	1	1	40	50	...	9	...	15	24	...	...	...	74
54	103rd Battery, Royal Field Artillery, Agra	17	...	...	...	...	30	47	...	...	...	10	10	...	...	...	57
55	104th Battery, Royal Field Artillery, Lahore . . . . .	...	30	...	...	...	34	64	...	...	...	6	6	...	...	...	70
56	105th Battery, Royal Field Artillery, Jullundur . . . . .	...	...	...	...	...	...	...	...	91	1	3	95	...	...	...	95
57	106th Battery, Royal Field Artillery, Feroz - pore . . . . .	...	1	...	1	...	37	39	...	2	...	5	7	...	...	...	46
58	107th Battery, Royal Field Artillery, Mhow . . . . .	...	1	1	...	...	45	47	...	5	...	1	6	...	...	...	53

* This total should agree with the total number borne on the roll of the regiment.

Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Musalmans.	Trans-Indus Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
108th Battery R. F. A. at Neemuch . . .	68	...	...	...	...	...	68	...	...	...	2	2	...	...	...	70
109th Battery R. F. A. at Neemuch . . .	2	4	5	...	1	56	68	...	12	...	1	13	...	...	...	81
112th Battery R. F. A. at Kamptee . . .	10	2	...	...	...	58	70	...	5	...	...	5	...	...	...	75
113th Battery R. F. A. at Alipore . . .	...	14	...	...	...	...	14	...	...	...	14	14	...	...	...	28
114th Battery R. F. A. at Allahabad . . .	5	2	3	...	...	60	70	...	...	...	1	1	1	...	...	72
115th Battery R. F. A. at Bareilly . . .	20	...	...	...	...	35	55	...	1	...	7	8	1	...	...	64
116th Battery R. F. A. at Jhansi . . .	3	...	...	...	...	14	17	...	51	...	4	55	...	...	...	72
117th Battery R. F. A. at Cawnpore . . .	10	5	...	...	...	54	69	...	6	...	3	9	...	...	...	78
118th Battery R. F. A. at Nasirabad . . .	21	3	2	...	...	20	46	...	...	5	7	12	...	...	...	58
119th Battery R. F. A. at Nowshera . . .	27	1	...	...	...	27	55	...	4	...	...	4	...	...	...	59
120th Battery R. F. A. at Nowshera . . .	3	...	3	...	...	58	64	...	...	...	...	...	...	...	...	64
121st Battery R. F. A. at Nowshera . . .	6	...	3	...	...	38	47	...	3	3	1	7	...	...	...	54
127th Battery R. F. A. at Campbellpore . . .	1	38	...	...	...	25	64	...	...	...	1	1	...	...	...	65
133rd Battery R. F. A. at Secunderabad . . .	22	2	...	...	...	45	69	...	...	1	...	1	1	...	...	71
134th Battery R. F. A. at Hyderabad . . .	...	...	...	...	...	...	...	...	69	...	...	69	...	...	...	69
135th Battery R. F. A. at Hyderabad . . .	...	...	...	...	...	51	51	...	...	...	...	...	...	...	...	51
141st Battery R. F. A. at Jhansi . . .	5	...	...	...	...	37	42	...	13	...	...	13	...	...	...	55
145th Battery R. F. A. at Bangalore . . .	1	...	2	...	...	58	61	...	3	2	2	7	1	...	...	69
148th Battery R. F. A. at Meerut . . .	...	...	...	...	...	30	30	...	...	...	36	36	...	...	...	66
23rd Brigade Battery R. F. A. at Neemuch . . .	...	...	...	...	...	2	2	...	2	1	1	4	...	...	...	6
24th Brigade Battery R. F. A. at Jubbulpore . . .	9	6	...	...	...	58	73	...	85	...	49	134	...	...	...	207
25th Brigade Battery R. F. A. at Fyzabad . . .	...	...	...	...	...	...	...	...	9	...	...	9	...	...	...	9
32nd Brigade Battery R. F. A. at Hyderabad . . .	...	...	...	...	...	...	...	...	10	...	...	10	...	...	...	10
No. 1 Divisional Ammunition Column R. F. A. at Campbellpore . . .	...	6	...	...	...	174	180	...	13	...	183	196	...	...	...	376
No. 2 Divisional Ammunition Column R. F. A. at Hyderabad . . .	23	6	18	4	...	141	192	...	124	...	...	124	...	...	...	316
No. 3 Divisional Ammunition Column R. F. A. at Meerut . . .	...	98	...	...	...	98	196	...	...	76	23	99	...	...	...	295
No. 4 Divisional Ammunition Column R. F. A. at Mhow . . .	...	1	1	1	2	186	191	...	23	...	92	115	1	...	...	307
20th Brigade Ammunition Column R. F. A. at Bangalore . . .	...	...	...	...	...	51	51	...	23	...	6	29	4	...	...	84
26th Brigade Ammunition Column R. F. A. at Kirkee . . .	...	...	...	...	...	48	48	...	...	...	101	101	...	...	...	149
27th Brigade Ammunition Column R. F. A. at Nowshera . . .	1	12	...	...	...	83	96	...	87	5	8	100	...	...	...	196
9th Medium Battery R. G. A. at Nowgong . . .	6	...	...	...	...	24	30	...	15	...	4	19	...	...	...	49
16th Medium Battery R. G. A. at Multan . . .	...	...	...	...	...	14	14	...	...	...	...	...	...	...	...	14
11th Medium Battery R. G. A. at Multan . . .	...	...	...	...	...	37	37	...	...	...	...	...	...	...	...	37

* This total should agree with the total number borne on the roll of the regiment.

INDIAN TROOPS, 1921.

TABLE XXIV-A—*contd.*

Race composition, and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Musalmans.	Trans-Indus Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.
92	12th Medium Battery R. G. A. at Ferozepore	2	...	...	...	...	5	7	...	3	...	2	5	...	...	...	12
93	13th Medium Battery R. G. A. at Ladha	4	4	1	...	5	13	27	...	7	...	2	9	...	...	...	36
94	15th Medium Battery R. G. A. at Nowgong	1	...	...	...	...	2	3	...	1	...	...	1	...	...	...	4
95	21st Medium Battery R. G. A. at Ferozepore . . . . .	...	3	...	...	...	6	9	...	...	2	1	3	...	...	...	12
96	24th Medium Battery R. G. A. at Nowgong	5	...	...	...	...	24	29	...	12	...	6	18	...	...	...	47
97	8th Pack Battery R. G. A. at Nowshera . . . . .	...	45	10	...	...	3	58	...	107	...	...	107	...	...	...	165
98	10th Pack Battery R. G. A. at Cannanore . . . . .	...	...	...	...	...	...	...	...	55	...	...	55	...	...	...	55
99	11th Pack Battery R. G. A. at Quetta . . . . .	...	27	2	...	...	56	85	...	67	16	3	86	...	...	...	171
100	12th Pack Battery R. G. A. at Kalabagh and Baragali	17	26	15	...	...	6	64	...	92	...	10	102	...	5	...	171
101	17th Pack Battery R. G. A. at Kalabagh and Baragali	6	28	8	...	...	6	48	...	111	...	7	118	...	3	...	169
102	40th Pack Battery R. G. A. at Abbottabad . . . . .	...	103	...	...	...	...	103	...	128	...	...	128	...	...	...	231
103	41st Pack Battery R. G. A. at Maymyo . . . . .	...	106	...	...	...	19	125	...	125	...	...	125	...	...	...	250
104	43rd Pack Battery R. G. A. at Quetta	26	74	...	...	...	13	113	...	139	...	...	139	...	...	...	252
105	46th Pack Battery R. G. A. at Abbottabad . . . . .	...	62	30	...	...	...	92	...	83	...	...	83	...	...	...	175
106	101st Pack Battery R. G. A. at Abbottabad . . . . .	...	15	12	...	...	...	27	...	13	...	3	16	...	...	...	43
107	102nd Pack Battery R. G. A. at Landikotal . . . . .	...	125	...	...	...	2	127	...	129	...	...	129	...	...	...	256
108	103rd Pack Battery R. G. A. at Parachinar and Darasamand . . . . .	...	53	...	...	...	34	87	...	86	...	...	86	...	...	...	173
109	104th Pack Battery R. G. A. at Nowshera	1	106	11	...	...	28	146	...	155	...	...	155	...	...	...	301
110	105th Pack Battery R. G. A. at Sora Rogha . . . . .	...	105	24	...	...	...	129	...	128	...	...	128	...	...	...	257
111	107th Pack Battery R. G. A. at Sora Rogha . . . . .	...	32	18	...	...	...	50	...	27	...	7	34	...	...	...	84
112	108th Pack Battery R. G. A. at Kohat . . . . .	...	92	10	...	...	...	102	...	101	...	...	101	...	...	...	203
113	109th Pack Battery R. G. A. at Abbottabad . . . . .	...	50	...	...	...	...	50	...	56	...	...	56	...	...	...	106
114	110th Pack Battery R. G. A. at Fort Jamrud . . . . .	...	129	...	...	...	5	134	...	133	...	4	137	...	...	...	271
115	113th Pack Battery R. G. A. at Datta Khel	4	65	14	...	...	35	118	...	121	2	123	246	...	...	...	364
116	116th Pack Battery R. G. A. at Quetta	2	44	45	...	...	12	103	...	118	...	31	149	...	...	...	252
117	117th Pack Battery R. G. A. at Quetta . . . . .	...	40	5	...	...	91	136	...	132	...	1	133	1	...	...	270
118	118th Pack Battery R. G. A. at Fort Sandeman . . . . .	...	73	11	...	...	46	130	...	130	...	3	133	...	...	...	263

* This total should agree with the total number borne on the roll of the regiment.

Corps and its detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
Pack Artillery Training Centre at Lucknow and Dehra Dun	35	52	27	1	...	58	173	...	319	...	3	322	...	...	...	495
Chitral Pack Artillery Section at Chitral and Drosh	2	17	16	...	...	17	52	...	124	...	...	124	...	...	...	176
The Frontier Garrison Artillery at Kohat, Malakand, etc. . . . .	...	88	...	...	...	1	69	...	61	...	2	63	...	...	...	152
Indian Coast Defence Artillery, Royal Garrison Artillery	6	7	...	...	...	182	195	...	148	...	29	177	1	...	...	373
Royal Artillery Depot at Dessa	42	49	...	...	...	319	410	...	107	...	65	172	10	...	...	592
Machine Gun Companies	44	13	4	...	...	151	212	...	85	...	22	107	...	...	...	319
Machine Gun Training School at Ahmednagar	2	6	...	3	...	16	27	...	15	1	6	22	...	...	...	49
1st Sappers and Miners at Rurki, Rawalpindi, Peshawar, etc.	287	938	46	52	249	348	1,920	...	1,697	134	175	1,916	...	...	...	3,836
2nd Sappers and Miners at Bangalore, Datta-khel, Mandalay, etc. . . . .	...	...	...	...	...	1,394	1,394	...	65	...	220	285	380	196	...	2,255
3rd Sappers and Miners at Kirkee and Quetta, etc.	10	198	35	...	...	498	741	...	638	...	236	894	3	...	...	1,638
4th Burma Sappers and Miners at Mandalay . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	126	...	126
Railway Sappers and Miners at Fort Jamrud and Sialkot . . . . .	...	...	...	...	...	30	30	...	252	10	4	266	...	...	...	296
Mechanical Transport Companies	135	322	85	33	23	320	918	1	413	65	250	734	66	17	2	1,737
Mechanical Transport Training School at Sitapur and Dehra Dun	32	51	32	16	41	11	183	...	173	...	99	272	5	...	...	460
B Divisional Signals at Jubbulpur	15	...	...	...	...	168	183	...	...	...	98	98	...	...	...	281
C Divisional Signals at Quetta . . . . .	...	...	...	...	...	201	201	...	3	...	21	24	25	...	...	250
D Divisional Signals at Kohat, etc. . . . .	...	90	...	...	3	11	104	...	17	77	18	112	...	...	...	216
E Divisional Signals at Peshawar . . . . .	...	30	...	...	...	40	70	...	221	...	...	221	4	...	...	295
F Divisional Signals at Dera Ismail Khan and Sora Rogha	2	1	53	...	...	98	154	...	...	...	16	16	4	...	...	174
G Divisional Signals at Rawalpindi	1	...	...	115	27	13	156	...	135	...	4	139	...	1	2	298
No. 1 (Line) Company "A" Corps Signals at Karachi . . . . .	...	...	...	...	...	4	4	...	106	3	...	109	...	1	...	114
A Cavalry Brigade Signal Troop at Risalpur	2	...	...	...	...	8	10	...	20	...	...	20	...	...	...	30
C Cavalry Brigade Signal Troop at Sialkot . . . . .	...	...	...	...	...	1	1	...	9	...	...	9	...	...	...	10
Signal Training Centre and Depot at Jubbulpore	47	113	133	49	9	60	411	...	169	93	65	327	79	...	...	817
Army Signal School at Kakul and Abbottabad	7	81	22	21	5	16	152	...	58	...	44	102	...	...	...	254
2nd Wireless Company "A" Corps Signals	19	8	...	...	...	32	59	...	49	...	9	58	...	...	...	117
1st Brahmans at Fatehgarh . . . . .	...	...	...	...	18	239	257	...	27	...	8	35	8	...	...	300
1-2nd Rajput Light Infantry at Alipore and Lucknow	423	1	...	...	...	12	436	...	181	...	210	391	12	...	...	839
2-2nd Rajputs at Chakdara and Dargai	412	...	...	...	...	...	412	...	1	...	11	12	...	...	...	424
3rd Brahmans at Ali Masjid and Fort Jamrud . . . . .	...	...	...	...	...	132	132	...	...	...	14	14	...	...	...	146
1-4th Rajputs at Idak and Dardoni	618	...	...	...	...	7	625	...	124	...	196	320	...	...	...	945
2-4th Rajputs at Agra and Bannu	70	...	...	...	...	...	70	...	6	...	25	31	...	...	...	101
5th Light Infantry at Quetta, Loralai and Harnai . . . . .	...	...	...	...	...	327	327	...	416	...	...	416	...	...	...	743
1-6th Jat Light Infantry at Tank and Delhi . . . . .	...	...	...	...	...	245	245	...	133	...	126	259	...	...	...	504
2-6th Jat Light Infantry at Bareilly and Agra . . . . .	...	...	...	...	...	153	153	...	86	...	52	138	...	...	...	291
1-7th Rajputs at Santa Cruz and Mhow	388	...	...	...	...	5	393	...	218	...	66	284	...	...	...	677
2-7th Rajputs at Fatehgarh	350	...	...	...	...	25	375	...	15	...	10	25	...	...	...	400

* This total should agree with the total number borne on the roll of the regiment.

INDIAN TROOPS, 1921.

TABLE XXIV-A—contd.

Race composition and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.
156	8th Rajputs at Allahabad	418	1	...	...	...	14	433	..	180	...	212	392	...	...	...	825
157	1-9th Bhopal Infantry at Fort Lockhart and Hangu	39	156	2	...	...	99	314	...	207	...	122	329	2	...	...	645
158	2-9th (Delhi) Infantry at Nasirabad . . . . .	...	...	...	...	..	137	137	...	49	...	...	49	..	...	...	186
159	3-9th Bhopal Infantry at Alipore	7	...	...	...	...	27	34	...	1	...	...	1	...	...	...	35
160	4-9th Bhopal Infantry at Jhelum	10	...	...	...	...	15	25	...	4	...	13	17	...	...	...	42
161	1-10th Jats at Jhansi, Delhi	5	1	...	...	4	391	401	...	227	...	182	409	5	...	...	815
162	2-10th Jats at Delhi . . . . .	...	...	...	...	...	16	16	...	...	...	2	2	1	...	1	20
163	11th Rajputs at Fyzabad and Rai Bare li	594	.	...	..	...	34	628	...	63	...	208	271	1	...	...	900
164	1-12th Pioneers at Muttra and Allahabad . . . . .	...	41	..	...	...	32	73	...	3	1	12	16	...	...	...	89
165	2-12th Pioneers at Ali Masjid and Landi Kotal . . . . .	...	145	...	...	...	227	372	...	4	...	103	107	.	...	...	479
166	13th Rajputs at Sitapur and Nasirabad	28	1	1	23	...	257	510	..	186	...	27	213	1	...	...	724
167	14th Sikhs at Ali Masjid and Jullundur . . . . .	...	812	...	...	...	...	812	...	2	...	...	2	...	..	...	814
168	1-15th Sikhs at Jullundur . . . . .	...	126	...	..	...	1	127	...	3	...	...	3	1	...	...	131
169	2-15th Sikhs at Fort Sandeman and Quetta . . . . .	...	382	...	...	...	3	385	...	383	...	...	383	...	...	...	768
170	16th Rajputs at Lucknow	830	16	1	3	...	20	870	...	...	..	40	40	...	...	...	910
171	1-17th Infantry at Jhansi . . . . .	...	...	...	...	...	...	...	...	...	...	424	424	...	...	...	424
172	2-17th Infantry at Ferozepore . . . . .	...	...	...	...	...	...	...	...	150	...	...	150	...	...	...	150
173	18th Infantry at Lakaband . . . . .	...	...	...	...	...	101	101	...	153	...	96	249	...	...	...	350
174	1-19th Punjabis at Jullundur . . . . .	...	223	203	...	...	...	425	...	229	149	...	378	...	...	...	804
175	2-19th Punjabis at Karachi . . . . .	...	300	...	...	...	2	302	...	485	198	...	683	...	...	...	985
176	20th Infantry at Loralai and Harnai . . . . .	...	218	239	...	...	...	457	...	186	94	106	386	...	...	...	843
177	1-21st Punjabis at Ferozepur . . . . .	...	73	115	...	...	...	188	..	72	166	.	238	...	..	...	426
178	2-21st Punjabis at Mhow and Jandola . . . . .	...	126	142	...	...	...	268	...	420	55	...	475	..	...	...	743
179	1-22nd Punjabis at Rawalpindi . . . . .	...	187	178	...	...	...	365	...	239	48	143	430	...	...	...	795
180	2-22nd Punjabis at Lahore and Montgomery . . . . .	...	72	..	...	...	55	127	...	207	36	...	243	...	...	...	370

*This total should agree with the total number borne on the roll of the regiment

Corps and its detachments,	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
1-23rd Pioneers at Ambala	831	...	...	...	19	850	...	15	...	...	15	...	...	...	865
2-23rd Pioneers at Landi Kotal and Quetta	765	3	1	...	4	773	...	...	...	7	7	...	...	...	780
3-23rd Pioneers at Campbellpore . . .	1	119	...	...	...	..	120	..	2	...	...	2	...	...	...	122
24th Punjabis at Nowshera	280	196	...	...	5	481	...	235	134	3	372	...	...	...	853
1-25th Punjabis at Jhelum	189	202	...	...	198	589	...	157	...	49	206	...	...	...	795
2-25th Punjabis at Ladha and Kotkai .	63	146	154	...	...	...	363	...	394	95	...	489	...	...	...	852
1-26th Punjabis at Sora Rogha and Jullundur	240	209	...	...	138	587	...	262	...	...	262	1	...	...	850
2 26th Punjabis at Poona and Tigris Camp	...	52	13	...	...	54	119	2	43	35	9	89	...	...	...	218
27th Punjabis at Pishin and Amritsar	4	183	...	...	19	296	...	259	36	...	295	...	...	...	591
28th Punjabis at Jhelum	27	38	...	...	..	5	70	...	62	21	...	83	...	...	...	153
29th Punjabis at Thal	254	216	..	...	123	593	...	427	...	38	465	...	...	...	1,058
1-30th Punjabis at Rawalpindi	188	195	...	...	...	383	...	336	...	2	338	...	...	...	721
2-30th Punjabis at Multan	51	51	...	...	...	102	...	103	...	...	103	...	...	...	205
31st Punjabis at Peshawar	183	194	...	...	2	379	...	425	...	...	426	2	...	...	807
1-32nd Sikh Pioneers at Sialkot	230	...	...	...	3	233	...	23	...	...	23	...	2	...	258
2-32nd Sikh Pioneers at Sialkot	124	...	...	...	...	124	...	...	...	...	...	...	...	...	124
1-33rd Punjabis at Jhelum	47	60	...	...	...	107	...	118	...	...	118	...	...	...	225
2-33rd Punjabis at Campbellpore	25	...	...	20	45	...	25	...	...	25	...	...	..	70
1-34th Sikh Pioneers at Nowshera	840	...	...	...	6	846	...	18	...	...	18	...	...	...	864
3-34th Sikh Pioneers at Landi Kotal	570	...	...	...	1	571	...	3	...	...	3	...	...	...	574
35th Sikhs at Jhelum	587	...	...	...	116	703	...	5	...	...	5	...	...	...	708
36-Sikhs at Saidgi	680	...	...	...	65	745	...	91	...	...	91	...	...	...	836
37th Dogras at Khirgi and Saugor	1	644	...	...	2	647	...	202	...	1	203	...	...	...	850
38th Dogras at Ferozepore	2	551	..	...	4	557	...	163	...	...	163	1	..	...	721
1-39th Garhwalis at Cannanore and Lansdowne	258	...	258	...	...	...	...	...	...	...	...	258
2-39th Garhwalis at Lansdowne	21	...	21	...	...	..	...	...	...	...	...	21
3-39th Garhwalis at Drosh	856	...	856	...	...	...	...	...	...	...	...	856
4-39th Garhwalis at Lansdowne and Ladha	464	...	464	...	...	...	...	...	...	...	...	464
40th Pathans at Nowshera	157	211	...	...	...	368	..	422	27	26	475	...	...	...	843
1-41st Dogras at Jullundar	193	...	...	...	193	...	...	...	...	...	...	...	...	193
2-41st Dogras at Jullundur	1	804	1	...	6	812	...	...	...	2	2	...	...	...	814
1-42nd Deoli Regiment at Deoli . . .	63	2	...	...	...	199	264	...	...	...	13	13	...	...	..	277
2-42nd Deoli Regiment at Landi Kotal and Deoli	164	2	...	...	...	622	788	...	...	...	13	13	1	1	...	803

* This total should agree with the total number borne on the roll of the regiment.

INDIAN TROOPS, 1920.

TABLE XXIV-A—contd.

Race composition and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.
214	43rd Erinpura Regiment at Erinpura . . .	168	3	...	...	...	376	547	...	...	...	279	279	...	...	...	826
215	44th Infantry at Ajmer and Darasamand . . .	...	...	...	...	...	22	22	...	...	...	8	8	...	...	...	30
216	45th Sikhs at Jhelum . . . . .	...	774	...	...	...	4	778	...	5	...	...	5	...	...	...	783
217	46th Punjabis at Campbellpore . . . . .	...	40	...	...	...	2	42	...	125	...	...	125	...	...	...	167
218	47th Sikhs at Fort Jamrud . . . . .	...	426	...	...	...	2	428	...	376	...	...	376	...	...	...	804
219	48th Pioneers at Kotkai and Allahabad . . .	...	59	...	...	...	59	118	...	1	...	18	19	...	...	...	137
220	1-50th Kumaon Rifles at Barielly and Muttra . . .	...	...	285	9	6	10	310	...	1	...	...	1	2	...	...	313
221	2-50th Kumaon Rifles at Kotkai, Sora Rogha and Barielly . . . . .	...	...	153	...	156	596	905	...	...	...	1	1	...	...	...	906
222	51st Sikhs at Kohat . . . . .	...	249	169	...	...	...	418	...	252	169	...	421	...	...	...	839
223	52nd Sikhs at Jullundur and Amritsar . . . . .	...	184	326	...	...	...	510	...	291	191	...	482	...	...	...	992
224	53rd Sikhs at Parachinar and Kohat . . . . .	...	144	143	...	...	...	237	...	144	140	...	284	...	...	...	571
225	1-54th Sikhs at Amritsar and Fort Jamrud . . .	...	183	347	...	...	...	530	...	211	230	...	441	...	...	...	971
226	2-54th Sikhs at Landi Kotal and Peshawar . . .	...	159	1	...	...	164	324	...	164	24	135	323	...	...	...	647
227	1-55th Coke's Rifles at Campbellpore . . . . .	...	186	256	1	...	4	447	...	225	178	47	450	...	...	...	897
228	2-55th Coke's Rifles at Campbellpore . . . . .	...	24	60	...	...	...	84	...	2	85	...	87	...	...	...	171
229	1-56th Punjabi Rifles at Kohat and Thal . . .	...	157	263	...	...	1	421	...	263	160	...	423	...	...	...	844
230	2-56th Punjabi Rifles at Ferozepore . . . . .	...	10	29	...	...	...	59	...	62	52	...	114	...	...	...	173
231	57th Wildes' Rifles at Rawalpindi . . . . .	...	206	220	...	...	...	426	...	231	220	...	451	...	...	...	877
232	58th Vaughan's Rifles at Tank . . . . .	...	36	190	...	...	56	282	...	201	32	...	233	...	...	...	515
233	59th Rifles at Kohat . . . . .	...	168	168	...	...	...	336	...	168	167	...	335	...	...	...	671
234	1-61st Pioneers at Kirkee . . . . .	...	...	...	...	...	509	509	...	...	...	7	7	277	...	...	793
235	2-61st Pioneers at Bangalore . . . . .	...	...	...	...	...	150	150	...	16	...	50	66	30	...	...	246
236	62nd Punjab's at Ali Masjid	164	154	...	...	...	14	332	...	352	...	...	352	...	...	...	684
237	63rd Infantry at Secunderabad . . . . .	...	...	...	...	...	89	89	...	...	...	61	61	13	...	...	163
238	64th Pioneers at Bangalore . . . . .	...	...	...	...	...	516	516	...	...	...	4	4	277	...	...	797
239	1-66th Punjabis at Ferozepore	23	43	...	...	...	...	66	...	86	...	...	86	...	...	...	152
240	2-66th Punjabis at Sitapur and Benares . . .	63	12	...	...	...	...	75	...	68	...	...	68	...	...	...	143
241	1-67th Punjabis at Peshawar . . . . .	...	211	222	...	...	...	433	...	391	...	...	391	...	...	...	824
242	2-67th Punjabis at Agra and Multan . . . . .	...	56	...	...	...	56	112	...	112	...	...	112	...	...	...	224
243	1-69th Punjab's at Ferozepore and Ladha . . .	19	152	157	...	...	...	328	...	422	...	...	422	...	...	...	754
244	2-69th Punjabis at Mohd. Khel and Dardoni . . .	1	...	...	1	...	165	167	...	672	...	...	672	...	...	...	139

* This total should agree with the total number borne on the roll of the regiment.

Corps and its detachments.	Rajputs.	Sikhs.	Dogras or other Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Musalmans.	Trans-Indus Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
2-70th Burma Rifles at Maymyo and Mandalay.	...	...	...	...	...	...	...	...	...	...	...	...	...	661	...	661
3-70th Kachin Rifles at Maymyo . . .	...	...	...	...	...	...	...	...	...	...	573	573	162	...	...	735
4-70th Chin Rifles at S ^t webo and Maymyo .	...	...	...	...	...	...	...	...	...	...	236	236	...	602	...	838
5-70th Burma Rifles at Meiktila . . .	...	...	...	...	...	1	1	...	...	...	...	...	...	177	...	178
71st Punjabis at Chakdara and Nowshera .	...	8	4	...	...	...	12	...	6	...	...	6	1,256	...	...	1,274
1-72nd Punjabis at Alipore . . . . .	...	64	38	...	...	...	102	...	20	...	...	20	...	...	...	122
2-72nd Punjabis at Anandi . . . . .	...	40	...	...	...	...	40	...	86	28	...	114	...	...	...	154
1-73rd Infantry at Bannu and Dardoni .	...	...	...	...	...	651	651	...	...	...	208	208	7	...	...	866
2-73rd Infantry at Bellary and Cannanore .	...	...	...	...	...	306	306	...	...	...	48	48	11	...	...	365
74th Punjabis at Landi Kotal and Agra .	...	192	201	...	...	...	393	...	412	...	...	412	...	...	...	805
75th Carnatic Infantry at Secunderabad .	...	...	...	...	...	450	450	...	...	...	178	178	125	...	...	753
1-76th Punjabis at Tigris Camp and Bellary	...	36	...	...	...	105	141	...	100	...	96	196	...	...	...	337
2-76th Punjabis at Jubbulpore	47	41	...	...	...	...	88	...	69	...	...	69	...	...	...	157
79th Infantry at Poona and Secunderabad	...	...	...	...	...	476	476	...	...	...	234	234	111	...	...	821
81st Pioneers at Bangalore and Secunderabad	...	...	...	...	...	262	252	...	...	...	2	2	65	...	...	329
82nd Punjabis at Lucknow	136	161	...	...	...	...	297	...	401	7	...	408	...	...	...	705
83rd Infantry at St. Thomas Mt. and Trichinopoly . . . . .	...	...	...	...	...	458	458	...	...	...	204	204	140	...	...	802
84th Punjabis at Jhelum and Cawnpore .	104	217	...	...	...	70	391	...	476	2	35	513	...	...	...	904
86th Infantry at St. Thomas Mt. and Trichinopoly . . . . .	...	...	...	...	...	314	314	...	...	...	173	173	119	...	...	606
87th Punjabis at Rawalpindi . . . . .	...	183	113	...	...	...	296	...	399	...	...	399	...	...	...	695
88th Infantry at Wellington and St. Thomas Mt. . . . .	...	...	...	...	...	...	...	...	...	...	51	51	2	...	...	53
1-89th Punjabis at Peshawar	107	145	...	1	...	95	348	...	373	...	...	373	1	...	...	722
2-89th Punjabis at Ferozepore and Dinapore	...	91	...	...	...	50	141	...	196	...	...	196	...	...	...	337
1-90th Punjabis at Alipore . . . . .	...	213	...	...	...	202	415	...	384	...	...	384	...	...	...	799
91st Infantry at Poona . . . . .	...	24	4	...	...	21	49	...	35	...	...	35	...	...	...	84
92nd Infantry at Quetta . . . . .	...	173	159	...	...	...	332	...	390	...	...	390	2	...	...	724
93rd Burma Infantry at Bhamo and Mandalay . . . . .	...	234	1	...	...	208	443	...	365	1	...	366	...	...	...	809
94th Infantry at Jhelum and Nasirabad .	59	...	...	...	...	411	470	...	1	...	184	185	...	...	...	655
95th Infantry at Mhow and Benares .	186	...	...	146	...	233	565	...	...	...	186	186	1	...	...	752

* This total should agree with the total number borne on the roll of the regiment.

INDIAN TROOPS, 1921.

TABLE XXIV-A.—continued.

Race composition and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hill Hindus.	Gurkhas.	Garhwals.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL
274	1-96th Infantry at Rangcon and Port Blair .	115	..	..	..	..	330	445	..	..	..	460	460	..	..	..	905
275	2-96th Infantry at Jhansi	139	..	..	..	..	249	358	..	..	..	133	133	..	..	..	521
276	1-97th Infantry at Quetta and Jubbulpore .	200	..	..	..	..	422	622	..	1	..	166	167	..	..	..	789
277	2-97th Infantry at Ahmedabad	144	1	..	..	..	153	298	..	1	..	28	29	..	..	..	327
278	98th Infantry at Baroda	167	1	..	..	..	435	603	..	..	..	195	195	11	..	..	809
279	99th Infantry at Ahmedabad	178	..	..	..	..	414	592	..	..	..	192	192	..	..	..	784
280	101st Grenadiers at Cawnpore . . . . .	..	..	..	..	..	414	414	..	194	..	197	391	..	..	..	805
281	1-102nd Granadiers at Rajkot and Quetta .	..	2	..	..	..	595	597	..	36	..	128	164	14	..	1	776
282	2-102nd Granadiers at Khirgi, Tank and Bellary . . . . .	..	..	..	..	..	29	29	..	24	..	..	24	..	..	..	53
283	103rd Infantry at Lahore and Belgaum . . .	..	..	..	..	..	583	583	..	..	..	179	179	..	..	..	762
284	104th Rifles at Khirgi, Sora Rogha and Mhow	6	..	..	..	..	40	46	..	9	..	..	9	..	..	..	55
285	105th Infantry at Fort Sandeman and Murgha . . . . .	..	..	..	2	..	727	729	..	..	..	221	221	8	..	..	958
286	106th Hazara Pioneers at Quetta . . . . .	..	..	..	..	..	7	7	..	20	866	48	934	..	..	..	941
287	1-107th Pioneers at Meerut and Delhi . . .	..	256	..	..	..	354	610	..	..	..	391	391	..	..	..	1,001
288	2-107th Pioneers at Jhansi . . . . .	..	290	..	..	..	222	512	..	401	64	64	529	..	..	..	1,041
289	108th Infantry at Bombay and Aurangabad .	..	..	..	..	..	463	463	..	14	..	182	196	4	..	..	663
290	109th Infantry at Ladha and Piaza Raghza .	..	..	..	..	..	336	336	..	170	..	165	335	..	..	..	671
291	110th Infantry at Jandola and Belgaum . .	1	..	..	..	..	593	594	..	..	..	224	224	35	..	..	853
292	111th Mahars at Belgaum and Ahmednagar . . . . .	..	..	..	..	..	379	379	..	..	..	7	7	1	..	..	387
293	1-112th Infantry at Jhansi and Darasamand .	..	..	146	..	..	650	796	..	43	..	115	158	..	..	..	1934
294	2-112th Infantry at Kamptee . . . . .	..	..	..	..	..	89	89	..	30	..	..	30	..	..	..	119
295	1-113th Infantry at Ajmer . . . . .	..	..	..	..	..	553	553	..	95	..	162	257	4	..	..	814
296	2-113th Infantry at Sora Rogha and Cawnpore	1	..	348	257	..	5	611	..	229	..	..	229	2	..	..	842
297	114th Mahrattas at Belgaum . . . . .	..	..	..	..	..	311	311	..	..	..	100	100	4	..	..	415
298	116th Mahrattas at Belgaum and Lahore . .	..	..	..	..	..	411	411	..	..	..	93	93	..	..	..	504
299	2-116th Mahrattas at Belgaum . . . . .	..	..	..	..	..	114	114	..	..	..	48	48	..	..	..	162
300	1-117th Mahrattas at Belgaum, Dargai and Chakdara . . . . .	..	..	..	..	..	677	677	..	..	..	172	172	2	..	..	851
301	2-117th Mahrattas at Belgaum . . . . .	..	..	..	..	..	179	179	..	..	..	50	50	..	..	..	229
302	1-119th Infantry at Ahmednagar	58	..	..	..	..	378	436	..	126	..	157	283	..	..	..	719
303	2-119th Infantry at Nasirabad and Deesa .	400	..	..	..	..	168	568	..	..	..	103	105	..	..	..	673
304	120th Rajputana Infantry at Ahmednagar .	119	..	..	..	..	266	385	..	97	..	69	166	..	..	..	551
305	121st Pioneers at Sora Rogha	74	86	..	..	..	270	430	..	89	186	193	468	..	..	..	868
306	122nd Rajputana Infantry at Aurangabad .	91	..	..	..	..	166	257	..	173	..	85	258	1	..	..	516
307	1-123rd Rifles at Mhow . . . . .	..	..	..	..	..	561	561	..	203	..	11	214	4	..	..	779
308	2-123rd Rifles at Eriopura	130	1	..	..	..	575	706	..	264	..	1	265	1	..	..	972
309	1-124th Baluchistan Infantry at Quetta . .	..	..	..	..	..	..	..	..	446	223	157	826	..	..	..	826
310	2-124th Baluchistan Infantry at Hyderabad .	..	..	..	..	..	..	..	..	372	..	84	456	..	..	..	456
311	3-124th Baluchistan Infantry at Karachi . .	..	..	..	..	..	..	..	..	77	36	41	154	..	..	..	154

* This total should agree with the total number borne on the roll of the regiment.

Corps and its detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Musalmans.	Trans-Indus Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
125th Napiers Rifles at Bombay and Deolali.	232	9	...	...	...	335	576	...	253	...	2	255	1	...	1	833
126th Baluchistan Infantry at Karachi	6	...	...	...	1	7	...	377	184	176	737	...	...	...	744
1-127th Baluch Light Infantry at Fort Sandeman.	22	22	...	444	174	161	779	2	...	...	803
2-127th Baluch Light Infantry at Sora Rogha and Karachi.	118	9	21	148	...	...	..	148
1-128th Pioneers at Mandalay	203	...	...	...	221	424	...	...	153	232	385	...	...	...	809
2-128th Pioneers at Allahabad	30	...	...	...	62	92	...	...	13	26	39	...	...	...	131
1-129th Baluchistan Infantry at Kotkai and Allahabad.	2	2	...	804	42	38	884	...	...	...	886
2-129th Baluchistan Infantry at Karachi	2	2	...	806	...	...	806	...	...	...	808
130th Baluchistan Infantry at Bannu	4	4	...	1,420	340	3	1,763	...	...	...	1,767
2-150th Infantry at Ladha and Chaklala .	80	...	...	...	...	135	215	...	...	...	...	...	...	...	...	215
3-151st Infantry	65	1	175	157	35	52	485	...	238	...	...	238	...	...	...	723
2-152nd Infantry at Chaklala . . .	116	...	116	...	...	...	232	...	232	...	...	232	...	...	...	464
1-153rd Rifles at Quetta and Murgha .	12	15	...	...	...	28	55	...	...	...	32	32	...	...	...	87
3-153rd Rifles at Ahmednagar	58	58	...	70	...	10	80	...	..	...	138
2-154th Infantry at Poona	641	641	...	...	...	132	132	1	2	1	777
1st Battalion Corps of Guides at Mardan	62	62	4	...	...	128	...	52	65	2	119	...	...	...	247
2nd Battalion Corps of Guides at Mardan	35	32	199	...	3	269	...	47	39	8	94	...	..	...	363
3rd Battalion Corps of Guides at Peshawar.	...	37	98	295	...	...	430	..	174	184	...	358	...	...	...	788
1-1st Gurkha Rifles at Landi Kotal and Dharmasala.	6	814	...	...	820	..	...	...	...	...	...	1	...	821
2-1st Gurkha Rifles at Dharmasala and Sora Rogha	2	848	...	31	881	...	...	...	...	...	...	...	...	881
3-1st Gurkha Rifles at Quetta and Pishin	6	903	...	..	909	...	...	...	...	..	...	...	...	909
1-2nd Gurkha Rifles at Dehra Dun	2	975	3	...	980	...	...	...	...	...	...	...	...	980
2-2nd Gurkha Rifles at Landi Kotal and Dehra Dun.	768	1	...	769	...	...	...	...	..	...	...	...	769
1-3rd Gurkha Rifles at Almora	615	..	...	615	...	...	...	...	...	...	...	...	615
2-3rd Gurkha Rifles at Muhammed Khel and Dardoni.	941	...	...	941	...	...	...	...	...	...	...	...	941
4-3rd Gurkha Rifles at Abbottabad	170	...	...	170	...	..	...	10	10	...	...	...	180
1-4th Gurkha Rifles at Bakloh	1	...	172	...	...	173	...	1	...	...	1	...	...	...	174

*This total should agree with the total number borne on the roll of the regiment.

INDIAN TROOPS.

TABLE XXIV-A—continued.

Race composition, and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.
339	2-4th Gurkha Rifles, at Bakloh and Amritsar.	4	...	4	899	...	...	907	...	1	...	...	1	...	...	...	908
340	1-5th Gurkha Rifles at Abbottabad . . .	...	1	2	933	...	1	937	...	5	...	...	5	...	...	...	942
341	2-5th Gurkha Rifles at Abbottabad . . .	...	...	11	1,092	...	6	1,109	...	...	...	2	2	...	...	...	1,115
342	3-5th Gurkha Rifles at Abbottabad and Attock.	...	...	4	194	...	...	198	...	...	...	3	3	...	...	...	202
343	1-6th Gurkha Rifles at Parachinar and Abbottabad.	...	...	...	875	...	5	880	...	...	...	10	10	...	...	...	890
344	2-6th Gurkha Rifles at Abbottabad and Ladha.	1	2	...	149	576	4	732	...	4	...	3	7	...	...	...	739
345	3-6th Gurkha Rifles at Abbottabad . . .	...	...	1	67	...	...	68	...	...	...	2	2	...	...	...	70
346	1-7th Gurkha Rifles at Bakloh and Quetta .	...	2	...	913	2	4	921	...	1	...	...	1	...	...	...	924
347	2-7th Gurkha Rifles at Quetta . . . . .	...	1	...	926	2	2	931	...	...	...	3	3	...	...	...	934
348	3-7th Gurkha Rifles at Quetta . . . . .	...	1	...	908	12	...	921	...	2	...	...	2	...	...	...	923
349	1-8th Gurkha Rifles at Malakand	1	...	...	961	...	12	974	...	...	...	...	...	4	...	...	978
350	2-8th Gurkha Rifles at Lansdowne and Cannanore.	...	...	...	519	...	...	519	...	...	...	...	...	...	...	...	519
351	3-8th Gurkha Rifles at Kakul . . . . .	...	...	2	140	...	2	144	...	2	...	1	3	...	...	...	147
352	1-9th Gurkha Rifles at Dehra Dun	3	...	...	1,076	1	8	1,083	...	2	...	...	2	...	...	...	1,090
353	2-9th Gurkha Rifles at Dehra Dun . . . .	...	...	...	922	5	2	929	...	...	...	...	...	...	...	...	929
354	1-10th Gurkha Rifles at Takdah and Chaman.	...	...	...	950	...	...	950	...	...	...	...	...	...	...	...	950
355	2-10th Gurkha Rifles at Chaman . . . . .	...	...	...	930	...	...	930	...	...	...	...	...	...	...	...	930
356	1-11th Gurkha Rifles at Abbottabad . . .	...	...	6	101	...	...	107	...	...	...	2	2	1	...	...	110
357	2-11th Gurkha Rifles at Abbottabad and Attock.	...	...	4	181	...	...	185	...	2	...	2	4	...	...	...	189
358	3-11th Gurkha Rifles at Abbottabad, and Ladha and Plaza Raghza.	...	...	...	705	...	2	707	...	...	...	...	...	...	...	...	707
359	Frontier Constabulary at Tank . . . . .	...	...	...	...	...	...	...	...	...	762	...	762	...	...	...	762
350	Waziristan Militia at Dera Ismail Khan and Dardoni.	...	...	...	...	...	22	22	...	125	923	19	1,067	2	...	...	1,091
361	Indian Hospital Corps	31	63	13	87	46	462	707	1	91	3	138	233	31	1	...	972
362	Details Infantry	54	334	61	381	11	831	1,672	...	615	147	216	978	...	...	...	2,650
363	1st Mule Corps at Kohat . . . . .	...	41	...	...	...	32	73	...	173	...	4	177	...	...	...	250
364	2nd Mule Corps at Landikotal . . . . .	...	19	28	17	29	69	162	...	283	...	39	322	1	...	...	485
365	3rd Mule Corps at Nowshera	10	13	2	...	...	68	93	...	243	6	41	290	2	...	...	385
366	4th Mule Corps at Peshawar . . . . .	...	...	20	...	...	180	200	...	212	...	15	237	...	...	...	427
367	5th Pack Mule Corps at Risalpur	9	8	15	1	...	25	58	...	281	7	...	288	1	...	...	347

* This total should agree with the total number borne on the roll of the regiment.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
8	8th Mule Corps at Ladha	5	15	12	10	4	40	86	...	56	...	40	96	...	...	...	182
9	9th Mule Corps at Khirgi	13	11	11	5	...	147	187	...	248	7	17	272	3	...	...	462
0	10th Mule Corps at Pishin	5	10	6	...	3	84	108	...	60	2	69	131	...	...	...	239
1	11th Mule Corps at Murgha and Loralai . . . .	...	2	3	4	2	178	189	1	50	...	50	101	2	...	...	292
2	12th Mule Corps at Dardoni . . . .	...	18	...	...	17	151	186	...	249	9	25	183	2	...	...	471
3	13th Mule Corps at Rangoon and Mandalay . . . .	...	...	...	...	...	149	149	...	184	2	53	239	...	...	...	388
4	14th Mule Corps at Quetta . . . .	...	10	24	...	29	66	129	...	233	6	31	270	...	...	...	399
5	15th Mule Corps at Abbottabad	3	3	45	...	1	4	56	...	100	2	8	110	1	...	...	167
6	16th Mule Corps at Peshawar . . . .	...	6	8	...	...	6	20	...	72	...	17	89	...	...	...	109
7	17th Mule Corps at Fort Jamrud . . . .	...	14	11	...	...	36	61	...	55	9	19	83	...	2	...	146
8	18th Mule Corps at Ali Masjid . . . .	...	1	1	5	...	36	43	...	12	3	12	27	...	...	...	70
9	19th Mule Corps at Murree and Kohat	5	6	15	...	6	53	85	...	87	2	...	89	2	...	...	176
0	20th Mule Corps at Quetta . . . .	...	...	...	1	...	27	28	...	106	...	25	131	2	...	...	161
1	21st Mule Corps at Bannu	11	7	8	1	...	107	134	...	177	10	78	265	3	...	...	402
2	22nd Mule Corps at Lucknow . . . .	...	2	1	...	2	62	67	...	35	9	34	78	1	...	...	146
3	23rd Mule Corps at Bareilly . . . .	...	...	...	...	...	97	97	...	...	...	7	7	...	...	...	104
4	24th Mule Corps at Fyzabad . . . .	...	...	...	...	1	7	8	...	2	...	21	23	...	...	...	31
5	25th Pack Mule Corps at Mhow . . . .	...	2	3	...	...	86	91	...	10	...	28	38	...	...	...	129
6	26th Mule Corps at Risalpur	40	52	31	...	51	94	268	...	148	3	54	205	...	...	...	473
7	27th Mule Corps at Murgha and Harnai	5	10	...	2	43	274	334	...	114	...	113	227	...	...	...	561
8	28th Draught Mule Corps at Risalpur	94	23	10	11	18	164	320	...	86	...	144	230	...	...	...	550
9	28th Mule Cadre at Meerut	50	...	...	50	...	50	150	...	50	...	21	71	...	...	...	221
0	29th Mule Corps at Murgha, Loralai and Quetta	35	35	36	...	176	228	510	...	12	12	19	43	2	...	...	555
1	30th Mule Corps at Bangalore	25	100	35	...	...	20	180	...	90	10	22	122	10	...	...	312
2	32nd Mule Corps at Quetta and Lahore	15	9	8	1	...	54	87	...	36	2	3	41	...	...	...	128
3	33rd Mule Corps at Ferozepore . . . .	...	3	1	6	...	45	55	...	44	3	...	47	...	...	...	102
4	34th Mule Cadre at Bareilly . . . .	...	...	2	...	...	124	126	...	86	...	1	87	...	...	...	213
5	38th Mule Corps at Kohat . . . .	...	15	...	...	...	25	40	...	54	...	...	54	...	...	...	94

* This total should agree with the total number borne on the roll of the regiment.

INDIAN TROOPS, 1921.

TABLE XXIV-A—*concluded*.

Race composition, and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogra or Hill Hindus.	Gurkhas.	Carhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL*
396	40th Mule Corps at Peshawar . . .	6	6	10	...	...	118	140	...	109	...	174	283	...	...	...	423
397	41st Mule Corps at Peshawar . . .	...	9	3	9	...	65	86	...	184	20	61	265	1	...	...	352
398	43rd Mule Corps at Attock . . .	...	4	6	...	...	10	20	...	...	...	...	...	...	...	...	20
399	46th Mule Corps at Landikotal . . .	10	40	30	...	8	20	108	...	195	...	87	182	...	...	...	390
400	2nd Mule Corps at Harnai . . .	...	20	25	...	...	120	165	...	90	...	85	175	...	...	...	340
401	53rd Mule Corps at Ali Masjid . . .	...	13	4	5	...	33	55	...	29	7	11	47	3	...	...	105
402	54th Mule Corps at Fort Jamrud . . .	...	...	...	...	...	275	275	...	200	...	...	200	...	...	...	475
403	60th Mule Corps at Jhelum and Quetta . . .	...	10	30	...	...	80	120	...	...	...	160	160	...	...	...	280
404	61st Mule Corps at Fort Jamrud . . .	...	...	...	...	...	...	...	...	329	...	...	329	...	...	...	329
405	67th Mule Corps at Darasmand . . .	...	2	...	...	...	8	10	...	10	...	...	10	...	...	...	20
406	81st Mule Corps at Fort Cavagnary . . .	...	...	...	...	...	...	...	...	3	...	...	3	...	...	...	3
407	No. 1, Horse Transport Corps at Harnai . . .	...	30	...	...	40	30	100	...	90	10	50	150	...	...	...	250
408	"A" Mule Depôt at Sailkot . . .	13	54	4	5	...	34	110	...	755	38	12	805	...	...	...	915
409	"B" Mule Depôt at Amritsar . . .	18	77	22	...	10	122	249	...	320	6	128	454	11	...	...	714
410	3rd Mule Depôt at Meerut . . .	235	117	118	117	118	235	940	...	117	...	119	236	...	...	...	1,176
411	58th Pack Poney Corps at Darasmand . . .	...	...	...	...	...	1	1	...	1	...	...	1	...	...	...	2
412	47th Government Camel Corps at Mardan . . .	...	4	...	...	...	2	6	...	6	1	...	7	...	...	...	13
413	48th Government Camel Corps at Harnai . . .	...	1	2	...	...	1	4	...	6	...	...	6	...	...	...	10
414	49th Government Camel Corps at Loralai . . .	...	...	...	...	...	4	4	...	5	...	1	6	...	...	...	10
415	50th Government Camel Corps at Attock . . .	...	...	...	...	...	...	...	...	7	2	...	9	...	...	...	9
416	53rd Government Camel Corps at Sialkot . . .	...	...	...	...	...	...	...	...	12	...	...	12	...	...	...	12
417	57th Government Camel Corps at Multan . . .	...	...	...	...	...	...	...	...	...	...	12	12	...	...	...	12
418	61st Government Camel Corps at Harnai . . .	...	4	...	...	...	6	10	...	13	...	2	15	...	...	...	25
419	7th Bullock Corps at Alipore . . .	...	...	...	...	...	190	190	...	...	...	100	100	...	...	...	290
420	9th Bullock Corps at Landikotal . . .	...	...	...	...	...	10	10	...	...	...	1	1	...	...	...	11
421	11th Bullock Corps at Dardoni and Saidgi . . .	...	...	...	...	...	19	19	...	11	...	...	11	...	...	...	30
422	16th Bullock Corps at Harnai . . .	...	...	...	...	...	12	12	...	...	...	...	...	...	...	...	12
423	19th Bullock Corps at Delhi . . .	...	2	...	...	...	268	270	...	7	...	51	58	46	...	...	374
424	20th Bullock Corps at Harnai . . .	...	...	...	...	5	23	28	...	...	...	7	7	...	...	...	35

* This total should agree with the total number borne on the roll of the regiment.

Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjab Mussalmans.	Trans-indus Pathans.	Other Mussalmans.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
58th Bullock Corps at Bareilly	73	...	15	6	...	257	351	...	17	...	78	95	2	...	...	446
81st Local Transport Corps at Hangu and Dera Ismail Khan . . . . .	...	...	...	...	...	...	...	...	57	...	1	58	...	...	...	58
83rd Local Transport Corps at Dera Ismail Khan	14	5	6	...	...	52	77	...	43	5	240	288	...	...	...	365
Details Local Transport Corps at Drosh . . . . .	...	...	2	...	...	13	15	...	63	2	20	85	...	...	...	100
Remount Depôts at Sebare and Aurangabad . . . . .	...	30	21	...	...	92	143	...	82	1	19	102	...	...	...	245
Central Drivers' Depôts at Poona and Dinapore	46	56	103	...	...	322	527	...	140	...	99	239	45	...	...	811
Details Supply and Transport	2	13	2	...	...	182	199	...	281	2	26	309	2	...	...	510
Other Corps	686	887	632	777	129	2,809	5,920	195	2,317	318	927	3,757	97	166	78	10,018
ARMY OF INDIA	12,204	24,963	12,722	22,547	3,535	44,471	120,532	306	45,996	8,751	19,503	74,556	3,607	1,967	86	200,748

*This total should agree with the total number borne on the roll of the regiment.

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XXIV-B.—Deaths* (Actuals).

	Northern Command.	Western Command.	Eastern Command.	Southern Command.	Burma District.	Waziristan District.	Troops on line of March.	Army of India.
Rajputs	44	10	40	15	...	30	..	139
Sikhs	100	29	12	10	1	43	2	197
Dogras or other Hill Hindus .	56	4	8	1	...	17	...	86
Gurkhas	95	18	41	2	2	11	...	169
Garhwalis	5	11	5	...	...	8	...	29
Other Hindus	145	129	85	122	2	117	3	603
TOTAL HINDUS .	445	201	191	150	5	226	5	1,223
Rohillas . . . . .	...	...	...	...	...	...	..	...
Punjabi Mussalmans . . .	184	67	29	19	2	64	1	366
Trans-indus Pathans . . .	16	9	...	1	1	18	...	45
Other Mussalmans	34	33	13	23	9	20	...	132
TOTAL MUSSALMANS .	234	109	42	43	12	102	1	543
Native Christians	4	2	2	3	...	...	...	11
Burmans	1	...	...	...	4	...	...	5
Jews . . . . .	...	...	...	...	...	...	...	...
TOTAL .	684	312	235	196	21	323	6	1,782

* Deaths among the Indian officers and men present, excluding men on sick leave or furlough.

III.—PRISONERS, 1921.

TABLE D.

JAILS by ADMINISTRATIONS.

JAILS.	Height above the sea-level in feet.*	Authority for height.†	JAILS.	Height above the sea-level in feet.*	Authority for height.†	JAILS.	Height above the sea-level in feet.*	Authority for height.†
ANDAMANS :— Port Blair Convict Settlement	85	S. G.	BIHAR AND ORISSA :— <i>contd.</i> Hazariabagh, Central	1,997	S. G.	PUNJAB :— <i>contd.</i> Mianwali	655	I. B.
BURMA :— Mergui	14	S. G.	Gaya, Central	375	M. D.	Lyallpur	...	...
Tavoy	60	"	Bhagalpur, Central	147	S. G.	Jhang	...	...
Moulmein	288	"	Monghyr	148	"	Montgomery, Central	600	I. B.
Shwegyin	128	"	Darbhanga	167	"	Multan, Central	...	S. G.
Toungoo	156	"	Champaran (Motihari)	217	"	" District	402	"
Rangoon, Central, Europeans	14	"	Muzaffarpur	179	"	Dera Ghazi Khan	395	"
" " Indians	...	"	Patna (Bankipore)	177	"			
Maubin	...	...	Arrah (Shahabad)	191	"			
Myaungmya, Central	...	...	Chapra (Saran)	181	M. D.			
Bassein, Central	40	S. G.	Buxar, Central	204	S. G.	N.-W. F. PROVINCE :— Peshawar	1,165	S. G.
Insein	34	"	Sambalpur	500	"	Kohat	1,768	"
Henzada	44	"				Bannu	1,279	"
Myanaung	74	"	UNITED PROVINCES OF AGRA AND OUDH :—			Dera Ismail Khan	571	"
Sandoway	...	...	Korantadih (Ballia)	...	...	Abbottabad	4,166	"
Kyaukpyu	...	...	Ghazipur	227	S. G.			
Akyab	32	S. G.	Azamgarh	256	"	BALUCHISTAN :— Sibi	489	S. G.
Paungde	...	...	Gorakhpur	255	"	Quetta	5,511	"
Prome	149	S. G.	Basti	292	"			
Thayetmyo, Central	145	"	Fyzabad	336	"	RAJPUTANA :— Ajmer	1,627	S. G.
Taungdwingyi	492	"	Sultanpur	305	I. B.			
Magwe	...	...	Rai Bareilly	351	S. G.			
Yamethin	653	S. G.	Partabgarh	317	"			
Meiktila	860	"	Jaunpur	263	"			
Pagan	...	...	Benares, Central	...	...	
Myingyan, Central	243	S. G.	" District	256	"			
Mandalay	249	"	Mirzapur	283	"			
Monywa	250	"	Allahabad, Central (Naini)	298	"			
Shwebo	600	M. O.	" District	...	...	CENTRAL PROVINCES :— Saugor	1,753	S. G.
Mogok	...	...	Karwi	...	...	Jubbulpore, Central	1,306	"
Bhamo	351	S. G.	Banda	415	S. G.	Narsinghpur	1,305	I. B.
Katha	329	"	Fatehpur	373	"	Bilaspur	887	S. G.
Thaton	...	...	Hamirpur	367	"	Raipur, Central	968	"
ASSAM :— Cachar (Silchar)	104	M. D.	Orai (Jalaun)	...	...	Chhindwara	2,236	"
Jorhat	295	S. G.	Cawnpore	417	S. G.	Hoshangabad	1,030	"
Dibrugarh	342	"	Unao	412	"	Nimar (Khandwa)	1,042	I. B.
Tezpur	292	"	Lucknow, Central	...	...	Nagpur, Central	1,025	"
Nowgong	208	"	Lucknow, District	400	"	Bhandara	861	"
Gauhati	134	I. B.	Barabanki	378	S. G.	Yeotmal	1,476	"
Dhubri	158	"	Gonda	...	...	Amraoti	1,194	"
Sylhet	257	M. D.	Bahraich	398	S. G.	Akola	920	"
Aijal	3,917	S. G.	Kheri	471	"	Buldana	2,132	M. D.
Kohima	4,500	I. B.	Sitapur	449	"			
Shillong	4,987	"	Hardoi	462	"			
BENGAL :— Mymensingh	59	M. D.	Etawah	498	"	HYDERABAD RESIDENCY, JAIL :— Secunderabad	1,732	S. G.
Dacca, Central	20	"	Mainpuri	511	"			
Tippera (Comilla)	36	"	Etah	550	"			
Chittagong	87	"	Fatehgarh, Central	...	...	
Noakhali	43	"	" District	444	I. B.			
Bakarganj (Barisal)	13	"	Shahjahanpur	507	S. G.			
Khulna	...	...	Pilibhit	614	"	BOMBAY :— Shikarpur	194	S. G.
Jessore	33	"	Bareilly, Central	...	...	Sukkur	...	...
Baraset	...	...	" District	560	"	Sind Gang	...	...
Presidency, Central	17	S. G.	" Juvenile	...	...	Hyderabad, Central	134	I. B.
(Europeans)	...	...	Budaun	544	"	Karachi	28	S. G.
Presidency Central (Indians)	...	...	Aligarh	610	"	Rajkot	414	"
Alipore Central (Europeans)	...	...	Bulandshahr	727	"	Ahmedabad, Central	170	"
Alipore, Central (Indians)	21	I. B.	Moradabad	655	"	Dhulia	842	"
" Juvenile	...	...	Bijnor	772	"	Yerrowda, Central (Poona)	1,951	I. B.
Howrah	21	"	Dehra Dun	2,229	"	Bijapur	1,998	S. G.
Hooghly	34	S. G.	Saharanpur	903	"	Deccan Gang	...	...
Burdwan	97	"	Muzaffarnagar	790	"	Dharwar	2,385	S. G.
Krishnagar (Nadia)	32	"	Meerut	739	"	Thana	24	"
Faridpur	22	"	Muttra	576	"	Bombay, Common	...	...
Pabna	...	...	Agra, Central	...	...	" House of Correction	20	"
Murshidabad (Berhampore)	67	M. D.	" District	554	"	Ratnagiri	110	M. D.
Rajshahi, Central (Ranpur	70	"	Jhansi	860	"	Karwar	12	S. G.
Boalia)	...	...	Lalitpur	...	...	Aden	26	"
Bogra	61	"	Almora	5,494	S. G.			
Malda	72	"	Pauri	...	...	MADRAS :— Cannanore, Central	47	S. G.
Dinaipur	116	S. G.	Naini Tal	6,400	M. D.	Pellary	1,483	"
Rangpur	108	"	DELHI PROVINCE :— Delhi	715	S. G.	Bellary Camp	...	...
Jalpaiguri	280	"	PUNJAB :— Rohtak	712	S. G.	Salem	619	S. G.
Suri (Birblum)	...	...	Hissar	689	I. B.	Coimbatore	1,433	"
Bankura	298	M. D.	Ambala	902	"	Palamcottah	129	"
Midnapore, Central	149	M. D.	Ludhiana	806	"	Madura	438	"
Darjeeling	7,168	S. G.	Jullundur	900	"	Trichinopoly, Central	274	"
BIHAR AND ORISSA :— Purnea	121	S. G.	Ferozepore	645	"	Tanjore	193	"
Naya Dumka	489	M. D.	Lahore, Central	...	...	Cuddalore	19	"
Balasore	59	S. G.	" Borstal Central	706	"	Vellore, Central	698	"
Cuttack	74	"	" Female	...	...	Madras, Civil	...	...
Puri	17	"	Gurdaspur	...	...	" Penitentiary, Central	15	"
Angul	...	...	Gujranwala	...	...	Rajahmundry, Central	112	M. D.
Chaibassa (Singhbhum)	745	S. G.	Sialkot	820	S. G.	Vizagapatam	14	S. G.
Purulia (Manbhur)	...	...	Jhelum	827	"	Berhampur	79	"
Ranchi (Lohardaga)	2,164	S. G.	Khewra Camp	...	...	COORG :— Mercara	3,803	S. G.
Palamau (Daltongani)	...	...	Rawalpindi	1,707	S. G.			
			Campbellpore	1,200	M. O.			
			Shahpur	644	S. G.			

* These are not the exact heights of the jails themselves above sea-level, but usually those of the survey-marks or of the mercury-surface in Barometer cisterns in the stations in which the jails are situated.

† S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Division of the Chief of the Staff; M. D. = Meteorological Department; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

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TABLE XXV.

RATIOS of ADMINISTRATIONS.

The ratios of admissions and deaths to strength are taken from Table XXVII.

	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.												
	Burma.	Assam.	Bengal.	Bihar and Orissa.	United Provinces.	Punjab.	N.-W.F. Province.	Central Provinces.	Bombay.	Madras.	India.*	Andamans.	India.†
AVERAGE ANNUAL STRENGTH	16,087	2,369	13,497	5,469	25,163	13,871	2,862	4,395	11,984	13,570	110,523	11,182	121,705
CONSTANTLY SICK RATE OF THE YEAR	24	43	48	52	24	33	26	19	28	17	29	48	31
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS	...	40	45	49	...	31	25	19	25	16	28	...	29
ADMISSION RATE OF THE YEAR—													
Influenza	62'5	161'7	58'8	87'8	25'1	38'6	12'6	94'9	22'9	50'5	47'5	24'0	45'3
Cholera	'3	1'7	'1	5'9	2'1	'1	...	'7	...	'5	1'0	...	'9
Small-pox	'1	...	'1	'4	'2	'3	1'4	2'0	'8	'4	'4	'2	'3
Enteric Fever	2'5	'4	1'1	'9	'4	1'7	...	'2	'3	'1	'9	'5	'9
Malaria	39'0	96'7	382'9	246'1	238'0	283'2	680'3	72'4	213'3	22'9	206'6	502'4	233'8
Sandfly Fever	...	...	...	...	...	'1	'7	3'2	...	1'4	'3	...	'3
Pyrexia of uncertain origin	57'0	36'7	27'9	17'9	1'1	24'5	'7	7'5	40'4	'6	21'6	3'9	20'0
Tubercle of the lungs	10'7	10'1	8'4	15'7	11'6	6'2	8'4	9'1	6'5	8'8	9'4	4'1	8'9
Pneumonia	5'3	9'7	13'8	12'8	16'1	16'6	24'5	10'7	26'4	4'6	13'7	8'9	13'3
Respiratory Diseases	12'5	36'3	41'3	41'1	22'8	36'9	26'0	20'0	55'0	22'5	30'0	57'5	32'6
Dysentery	38'0	118'2	106'6	172'1	40'1	20'3	33'9	51'6	31'0	24'1	50'8	41'1	49'9
Diarrhœa	15'4	95'4	100'2	153'0	20'6	30'3	14'7	26'2	40'1	1'5	39'2	34'1	38'7
Spleen Diseases	'1	...	'4	2'4	1'2	'8	...	'2	'5	'1	'6	4'7	1'0
Scurvy	'1	...	'1	...	'2	'6	2'4	...	3'6	...	'6	1'5	'7
Anæmia and Debility	4'5	1'7	10'7	6'8	7'0	9'9	8'4	1'6	1'0	1'3	5'9	17'8	7'0
Abscess, Ulcer and Boil	38'9	62'9	80'6	60'3	78'5	118'2	41'9	33'7	71'8	16'3	66'7	52'7	65'4
ALL CAUSES	500'0	951'0	1,227'5	1,165'8	608'0	888'9	997'6	443'5	809'9	335'2	736'6	1,116'3	771'5
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS	...	909'0	1,194'7	1,162'9	...	870'4	984'5	448'3	935'2	402'7	750'2	...	781'5
DEATH RATE OF THE YEAR—													
Cholera	'25	'42	...	2'74	1'03	'07	...	'23	...	'29	'49	...	'44
Small-pox	...	...	...	...	'04	...	...	...	'17	...	'03	...	'02
Enteric Fever	'68	...	'22	...	'09	'58	...	...	'17	...	'24	'09	'22
Malaria	'25	1'27	1'70	'55	'72	1'44	3'14	'46	'50	'29	'83	1'34	'88
Sandfly Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Pyrexia of uncertain origin	'06	'42	...	...	...	...	...	...	'17	...	'06	...	'06
Tubercle of the lungs	2'80	7'60	2'67	6'40	3'10	2'67	2'45	4'78	2'50	2'58	3'09	2'68	3'06
Pneumonia	1'62	3'38	3'85	3'66	4'09	4'04	6'29	3'87	4'51	1'55	3'42	3'04	3'39
Respiratory Diseases	'25	'42	'37	1'65	'23	'22	1'40	1'59	'75	'59	'73	'98	'76
Dysentery	1'86	3'38	2'44	5'30	2'11	'65	2'45	4'55	1'08	1'55	2'02	'89	1'91
Diarrhœa	'31	...	'22	'18	'95	'50	'70	1'82	'42	...	'51	'45	'50
Hepatic Abscess	'05	...	...	...	...	...	...	...	'08	'15	'04	...	'04
Anæmia and Debility	'19	'84	'37	'55	'68	'36	'70	...	...	'15	'36	'27	'35
Phagedæna, Slough, and Gangrene	...	...	...	...	...	'07	...	...	'17	'67	'04	...	'04
ALL CAUSES	16'22	37'99	16'67	33'09	21'34	17'52	24'11	34'13	16'94	18'35	20'11	17'44	19'86
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS	...	35'35	16'15	31'05	...	17'11	23'22	35'52	17'71	19'53	20'18	...	19'94

* Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara and excluding Andamans.
† Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara and Andamans.

PRISONERS, 1921.

TABLE XXVI.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths are taken from Table XXVII.

	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.												
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
	Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India and Gujarat.	Decan.	Western Coast.	Southern India.	Hills.	India.
I.—AVERAGE ANNUAL STRENGTH	10,696	5,391	2,259	14,084	20,944	14,427	11,837	4,691	10,126	2,720	12,558	688	110,5
II.—CONSTANTLY SICK RATE OF THE YEAR	24	25	43	48	32	25	34	17	26	27	17	33	2
III.—ADMISSION RATE OF THE YEAR—													
Influenza	61'0	65'5	158'9	57'9	46'8	15'3	56'9	5'8	43'4	4'0	54'5	43'6	47'0
Cholera	'5	...	1'8	'1	3'6	1'1	...	'2	'3	...	'6	...	1'0
Small-pox	'1	...	...	'1	'3	'3	'8	'9	1'0	'7	'4	...	...
Enteric Fever	2'0	3'7	'4	1'1	'4	'6	1'8	'6	'1	...	'2	1'5	...
Malaria	48'9	19'3	93'4	378'6	244'2	284'1	338'9	220'0	122'8	265'1	24'2	203'5	266'0
Sandfly Fever . . . . .	...	...	...	...	...	...	'3	...	1'4	...	1'5	...	...
Pyrexia of uncertain origin	65'0	41'2	32'8	22'6	5'4	4'8	24'0	1'1	51'5	...	'6	110'5	21'0
Tubercle of the lungs	10'6	11'1	10'6	8'8	14'4	6'9	4'1	8'5	7'6	9'9	9'4	13'1	9'0
Pneumonia	3'3	9'3	10'2	13'8	14'8	18'0	22'8	14'5	20'8	9'9	4'8	17'4	13'0
Respiratory Diseases	16'1	5'4	36'3	41'3	27'7	32'4	33'1	34'1	41'2	64'0	19'3	33'4	30'0
Dysentery	45'1	24'1	121'7	108'1	72'0	34'4	18'0	14'5	40'5	51'8	25'2	72'7	50'0
Diarrhoea	15'2	15'8	96'9	101'3	51'9	27'2	20'9	23'7	41'5	40'4	1'6	63'9	39'0
Spleen Diseases	'1	...	...	'4	1'9	'6	'3	...	'7	'4	'1	...	...
Scurvy . . . . .	...	'2	...	'1	'1	'6	4'3	'6	...	'4	...	1'5	...
Anæmia and Debility	5'5	2'4	1'3	10'7	6'5	9'7	6'2	5'5	1'8	1'1	1'4	10'2	5'0
Abscess, Ulcer and Boil	50'9	15'0	62'9	80'9	77'4	75'0	110'4	81'4	71'1	28'7	16'3	95'9	60'0
ALL CAUSES	551'8	397'3	948'6	1,216'5	763'7	744'8	891'9	605'6	696'6	762'1	332'1	937'5	730'0
IV.—DEATH RATE OF THE YEAR—													
Cholera	'37	...	'44	'07	1'62	'55	...	'21	'10	...	'32	...	'4
Small-pox . . . . .	...	...	...	...	...	'07	...	...	...	'74	...	...	'0
Enteric Fever	'56	'93	...	'21	...	'21	'59	'21	...	...	...	1'45	'2
Malaria	'19	'37	'89	1'56	'67	1'32	1'44	...	'49	'74	'32	4'36	'8
Sandfly Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Pyrexia of uncertain origin	'09	...	...	...	...	'21	...	...	'20	...	...	1'45	'0
Tubercle of the lungs	2'52	3'34	7'99	2'98	4'68	'83	3'46	'85	3'16	3'68	2'79	4'36	3'0
Pneumonia	1'22	2'41	3'54	4'05	3'63	4'71	5'91	2'98	3'16	1'47	1'67	2'91	3'4
Respiratory Diseases	'28	'19	'44	'36	1'34	'62	'70	1'28	1'19	...	'64	...	'7
Dysentery	1'96	1'67	3'54	2'77	2'48	2'22	1'01	...	2'57	1'47	1'59	...	2'0
Diarrhoea	'19	'56	...	'21	'81	'83	'25	...	1'19	'74	...	2'91	'5
Hepatic Abscess . . . . .	...	'19	...	...	...	...	...	...	...	1'10	...	...	'0
Anæmia and Debility	'19	'19	'44	'43	'53	'55	'42	'64	...	...	'16	1'45	'3
Phagedæna, Slough and Gangrene . . . . .	...	...	...	...	...	'07	...	...	'20	'37	...	...	'0
ALL CAUSES	12'90	22'82	36'30	17'47	25'21	18'02	22'13	11'30	22'12	20'59	18'16	29'07	20'1

* Including Aden.

TABLE XXVII.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.							2. DEATH RATE PER 1,000 OF STRENGTH.															Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of un- certain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All other causes.	ALL CAUSES.			
ergui .	117 {	...	...	...	...	...	...	76'9	17'1	8'5	8'5	25'6	...	...	...	...	8'5	94'0	...	606'8	846'2	25'6
avoy .	151 {	238'4	...	...	...	198'7	...	...	...	...	...	46'4	...	...	...	...	...	59'6	...	278'1	821'2	33'1
oulmein .	730 {	...	...	...	2'7	13'7	...	17'8	16'4	4'1	23'3	11'0	...	...	1'4	...	5'5	16'4	...	56'2	168'5	15'1
wegyin .	146 {	...	...	...	2'74	...	...	...	5'48	...	...	1'37	...	...	1'37	...	...	...	...	8'22	19'18	...
ungoo .	767 {	...	1'3	...	1'3	45'6	...	7'8	3'9	...	...	6'9	...	...	...	...	...	...	...	34'2	164'4	6'8
ungoon, Cen- tral (Euro- peans).	12 {	...	1'30	...	1'30	...	...	...	3'91	...	...	3'9	...	...	...	...	...	19'6	...	131'7	256'8	10'4
ungoon, Cen- tral (Indians).	2,336 {	85'6	...	...	2'1	26'5	...	178'5	24'4	3'0	38'2	79'6	36'0	...	...	...	13'3	87'8	...	285'1	860'0	38'5
ubin .	185 {	...	...	...	...	...	...	64'9	5'4	5'4	...	16'2	...	...	...	...	5'4	10'8	...	81'1	189'2	10'8
uangmya, Central.	1,221 {	52'4	8	...	1'6	79'4	...	38'5	7'4	1'6	3'3	54'9	9'0	...	...	...	...	16'4	...	100'7	366'1	15'6
sein, Central	1,214 {	...	...	8	...	26'4	...	40'4	1'6	...	13'2	15'7	6'6	...	...	...	1'6	65'9	...	271'0	443'2	22'2
ein, Central	2,335 {	83'1	...	...	4'7	30'0	...	49'7	9'0	2'6	15'4	59'3	22'3	...	...	...	8'6	63'8	...	140'0	488'7	26'6
nzada .	706 {	32'6	...	...	...	80'7	...	8'5	1'4	1'4	2'8	...	...	...	...	...	...	21'2	...	402'3	551'0	12'7
anaung .	72 {	...	...	...	...	27'8	...	...	...	27'8	...	41'7	...	...	...	...	...	27'8	...	125'0	250'0	13'9
ndoway .	58 {	...	...	...	...	...	...	...	...	...	...	17'2	...	...	...	...	...	...	...	34'5	51'7	...
aukpyu .	137 {	...	...	...	...	58'4	...	...	...	7'3	...	7'3	...	...	...	...	...	...	...	...	73'0	7'3
yab .	509 {	259'3	5'9	...	...	208'3	...	29'5	7'9	21'6	2'0	21'6	13'6	...	...	...	...	47'2	...	817'3	1,434'2	27'5
GROUP I.— BURMA COAST AND SAY ISLANDS	10,696 {	61'0	5	1	2'0	48'9	...	65'0	10'6	3'3	16'1	45'1	15'2	...	1	...	5'5	50'9	...	227'8	551'8	24		
ungde .	139 {	...	...	...	...	28'8	...	...	14'4	14'4	...	7'2	...	...	...	...	...	36'0	...	223'0	323'7	14'4
ome .	482 {	...	...	...	11'0	148'4	...	...	54'9	54'9	16'5	33'0	...	...	...	...	...	38'5	...	2,181'3	2,538'5	49'5
ayetmyo, Central.	1,029 {	...	...	...	...	2'9	...	1'9	2'9	8'7	2'9	...	...	1'0	...	...	...	1'9	...	46'6	69'0	6'8
ungdwingyi	77 {	...	...	...	...	...	...	...	...	...	...	...	39'0	...	...	...	13'0	39'0	...	91'0	181'8	...
gwe .	238 {	...	...	...	...	8'4	...	16'8	...	8'4	12'6	4'2	4'2	...	...	...	...	21'0	...	46'2	121'8	4'2
methin .	98 {	...	...	...	...	...	...	...	...	10'2	...	...	...	...	...	...	10'2	20'4	...	142'9	183'7	10'2
iktilla .	148 {	40'5	...	...	...	20'3	...	27'0	6'8	...	6'8	27'0	6'8	...	...	...	...	20'3	...	317'6	473'0	20'3
gan .	110 {	...	...	...	...	45'5	...	9'1	...	...	...	81'8	9'1	...	...	...	45'5	18'2	...	472'7	681'8	27'3
yingyan, Central	1,275 {	101'2	...	...	8	3'9	...	60'4	22'7	1'6	7'1	21'2	8	8	...	...	...	11'8	...	139'6	371'8	56'5
andalay, Central	1,232 {	167'2	...	...	13'8	16'2	...	104'7	8'9	17'9	5'7	60'9	62'5	...	...	...	4'9	13'0	...	100'6	577'1	20'3
onywa .	155 {	...	...	...	...	32'3	...	...	...	6'5	...	...	...	...	...	...	...	6'5	...	122'6	167'7	12'9
webo .	169 {	...	...	...	...	41'4	...	5'9	...	5'9	5'9	17'8	...	...	...	...	...	5'9	...	88'...	171'6	11'8
ogok .	92 {	130'4	...	...	...	76'1	...	...	32'6	...	21'7	32'6	...	...	...	...	...	76'1	...	195'7	565'2	32'6
amo .	58 {	...	...	...	...	17'2	...	...	17'2	...	...	...	...	...	...	...	...	86'2	...	155'2	275'9	17'2
tha .	72 {	...	...	...	...	194'4	...	55'6	...	...	...	13'9	13'9	...	...	...	...	83'3	...	208'3	569'4	27'8
aton .	17 {	...	...	...	...	58'8	...	...	...	...	...	...	...	...	...	...	...	58'8	...	411'8	529'4	...
GROUP II.— BURMA INLAND.	5,391 {	65'5	...	...	3'7	19'3	...	41'2	11'1	9'3	5'4	24'1	15'8	4	...	2	2'4	15'0	...	184'0	397'3	25

PRISONERS, 1921.

TABLE XXVII—continued.

RATIOS of FAILS, GROUPS and ADMINISTRATIONS.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE PER 1,000 OF STRENGTH.												Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough and Gangrene.	All other causes.	ALL CAUSES.			
Cachar . . .	146 {	102'7 34'25	...	...	...	143'8	...	6'8	13'7 6'85	13'7 13'70	27'4	691'8 20'55	130'1	...	...	...	6'8	95'9	...	164'4 13'70	1,397'3 89'04	54
Jorhat . . .	269 {	26'0	...	...	...	59'5	...	11'2	3'7	3'7	52'0	14'9 7'43	3'7	...	...	...	...	119'0	...	379'2	672'9 7'43	20
Dibrugarh . .	171 {	269'0 5'85	...	...	...	23'4	...	175'4	29'2 17'54	...	17'5	70'2	175'4	...	...	...	5'8	128'7	...	350'9 11'70	1,245'6 35'09	40
Tezpur . . .	317 {	116'7 6'31	...	...	...	123'0	...	...	9'5 6'31	25'2 6'31	22'1	22'1	53'6	...	...	...	...	28'4	...	100'9 3'15	501'6 22'08	22
Nowgong . . .	103 {	...	...	...	9'7	301'0	...	...	19'42	19'4	48'5	58'3 9'71	116'5	...	...	...	...	58'3	...	631'1 9'71	1,242'7 38'83	77
Gauhati . . .	417 {	295'0 14'39	9'6 2'40	...	...	91'1	...	14'4	9'6 9'59	7'2	16'8	297'4 2'40	55'2	...	...	...	...	64'7	...	371'7 14'39	1,232'6 43'18	60
Dihidri . . .	71 {	535'2 42'25	...	...	...	169'0	...	14'1	28'2	14'1	14'1	28'17 14'08	...	...	...	...	14'1 14'08	...	...	338'0 28'17	1,408'5 98'59	70
Sylhet . . .	765 {	121'6 3'92	...	...	...	65'4 2'61	...	43'1	9'2 7'84	7'8 5'23	53'6 1'31	1'3	152'9	...	...	...	...	41'8	...	345'1 11'75	1 8 32'68	30
GROUP III.—Assam.	2,259 {	158'9 8'85	1'8 '44	...	'4	93'4 '89	...	32'8	10'6 7'99	10'2 3'54	36'3 '44	121'7 3'54	96'9	...	...	...	1'3 '44	62'9	...	321'4 10'18	948'6 36'30	40
Mymensingh . .	666 {	72'1 1'30	...	...	1'6 1'50	337'8 4'50	...	...	9'0 4'50	19'5 6'01	43'5	594'6 9'01	87'1	...	...	1'5	1'5	70'6	...	264'3 6'01	1,503'0 33'03	60
Dacca, Central	1,222 {	7'4	...	...	'8	310'1 '82	...	...	4'9 2'45	1'6 1'64	45'0	29'5 '82	173'5	...	...	...	4'9	85'1	...	220'1 3'27	883'0 9'00	20
Tippera . . .	579 {	374'8 3'45	...	...	1'7	361'0	...	...	32'8 1'73	1'7 1'73	20'7	176'2	34'5	...	...	...	...	57'0	...	343'7	1,404'1 6'91	50
Chittagong . .	235 {	97'9	...	...	4'3	540'4	...	...	4'3	17'0 4'26	127'7	208'5	59'6	...	4'3	...	51'1	55'3	...	348'9 4'26	1,519'1 8'51	40
Noakhali . . .	146 {	61'6	...	...	...	637'0	...	...	...	...	41'1	178'1 6'85	157'5	...	...	...	27'4	41'1	...	397'3 6'85	1,541'1 13'70	54
Bakarganj . .	769 {	49'4	...	...	...	245'8	...	...	9'1 3'90	5'2 1'30	18'2	140'4 3'90	166'5	...	...	...	6'5 2'60	76'7	1'3	524'1 1'30	1,243'2 13'00	76
Khulna . . .	236 {	305'1 8'47	...	...	...	788'1 4'24	...	...	...	38'1 12'71	50'8 4'24	470'3 4'24	313'6	...	8'5	...	33'9	169'5	...	720'3 4'24	2,898'3 38'14	78
Jessore . . .	322 {	...	...	...	...	472'1 3'11	...	...	21'7 3'11	28'0 9'32	77'6	37'3 3'11	102'5	...	...	...	6'2	37'3	...	242'2	1,024'8 18'63	30
Baraset, Presidency, Central (Europeans)	96 {	...	...	...	...	1,114'6 10'42	...	...	...	20'8	31'3	83'3	93'8	...	...	...	20'8	41'7	...	458'3 20'83	1,864'6 31'25	40
Presidency, Central (Indians)	13 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore, Central (Europeans)	1,957 {	'5	112'9 '51	...	21'0	15'3 5'62	6'6 1'53	42'9 '51	3'1	35'8 '51	'5	5'6 '51	48'0	...	384'6 5'11	677'1 14'31	30	
Alipore, Central (Indians)	42 {	142'9	...	...	...	190'5	...	...	23'8	23'8	...	...	...	...	...	...	...	47'6	...	...	1,452'4 23'81	98
Alipore, Juvenile	1,450 {	104'8 '69	...	...	3'4 '69	313'1 '69	...	...	7'6 4'83	11'0 2'76	26'9	49'7 2'76	7	...	...	...	7	80'7	...	531'7 4'14	1,130'3 16'55	40
Howrah . . .	191 {	10'5	...	...	...	47'1	...	...	...	5'2	...	10'5	...	...	...	...	...	5'2	...	204'2	282'7	20
Hooghly . . .	94 {	21'3	...	...	...	319'1	...	21'3	...	10'6	74'5	117'0	148'9	...	...	...	...	95'7	...	414'9 21'28	1,223'4 21'28	40
Burdwan . . .	415 {	...	2'4	...	...	527'8 2'41	...	...	4'8 2'41	12'0 2'41	43'4	149'4 9'64	151'8	...	...	...	2'4	120'5	...	373'5 2'47	1,388'0 19'28	50
Krishnagar . .	198 {	...	...	...	...	899'0	...	...	...	30'3	25'3	136'4 10'10	393'9	...	...	...	60'6 5'05	252'5	...	767'7	2,565'7 15'15	80
Faridpur . . .	172 {	5'81	...	...	...	924'4	...	...	...	11'6 11'63	23'1	122'1	209'3	...	5'8	...	34'9	209'3	...	372'1 11'63	1,976'7 34'88	50
Pabna . . .	371 {	156'3	...	...	...	652'3 5'39	...	...	...	...	40'4	242'6 8'09	288'4 2'70	...	...	...	...	56'6	...	404'3 8'09	1,841'0 24'26	80
Murshidabad . .	195 {	...	...	...	...	517'9 5'13	...	20'5	5'1	25'6 5'13	41'0	71'8	25'6	...	...	...	10'3	61'5	...	389'7	1,169'2 10'26	40
Rajshahi, Central.	291 {	268'0	...	...	...	230'2	...	...	...	17'2 6'87	106'5	34'4	41'7	...	3'4	...	...	34'4	...	182'1	921'0 6'87	27
Bogra . . .	926 {	5'4 1'08	...	...	3'2 1'08	482'7 1'08	...	...	6'5 1'08	21'6 7'56	17'3	13'0 1'08	88'6	...	...	...	5'4	86'4	...	318'6 5'40	1,048'6 18'36	30
Malda . . .	245 {	...	...	...	...	457'1 8'16	...	...	4'1 4'08	24'5	8'2	269'4	40'8	...	...	...	12'2	32'7	...	273'5	1,122'4 12'24	30
Dinajpur . . .	140 {	7'1	...	7'1	...	2,521'4	...	...	...	21'4 21'43	14'3	50'0	57'1	...	...	...	7'1	50'0	...	492'9 7'14	3,228'6 28'57	120
Rangpur . . .	401 {	...	...	...	...	226'9 4'99	...	...	7'5 4'99	29'9 7'48	64'8 2'49	139'7 4'49	44'9	...	...	...	22'4	82'3	...	179'6 4'99	798'0 27'43	50
Rangpur . . .	348 {	34'5	...	...	...	1,074'7 2'87	...	...	5'2	2'9	71'8	172'4 5'75	89'1	...	...	...	114'9 2'87	97'7	...	1,554'6 5'75	3,218'4 17'24	80

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE, PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All other causes.	ALL CAUSES.	
Paiguri .	237 {	...	...	4'2	...	278'5 8'44	...	4'2	...	21'1 8'14	21'1	54'9 8'44	8'4	...	...	...	12'7	92'8	...	164'6 12'66	662'4 37'97	29'5
neea .	167 {	...	...	...	...	95'8	...	...	12'0 5'99	12'0 5'99	24'0	101'8	83'8	...	6'0	...	...	41'9	...	185'6 11'98	562'9 23'95	29'9
na Dumka .	95 {	...	...	...	...	284'2	...	...	31'6 10'53	21'1 21'05	42'1	42'1	31'6	...	...	...	...	147'4	...	231'6	831'6 31'58	21'1
... .	298 {	...	...	...	...	245'0	...	...	23'5 3'36	36'9 6'71	83'9	13'4	50'3	...	...	...	...	130'9	...	322'0 3'36	885'9 13'42	40'3
kura .	169 {	53'3	...	...	...	88'8	...	...	5'9 5'92	11'8	53'3 11'83	106'5 5'92	29'6	...	...	...	...	17'8	...	147'9 11'83	514'8 35'50	23'7
napore, Central.	967 {	46'5	...	...	2'1	268'9 1'03	...	279'2	2'1	26'9 5'17	38'3 1'03	30'0	208'9	...	...	...	10'3	126'2	...	303'0 2'07	1,342'3 9'31	40'3
asore .	87 {	...	...	...	...	850'6	...	...	23'0 11'49	34'5 22'99	57'5	160'9	149'4	...	...	...	...	69'0	...	241'4	1,586'2 34'48	69'0
ack .	199 {	...	5'03	...	...	135'7	...	...	10'1 10'05	15'1 5'03	30'2	180'9 25'13	180'9	...	...	...	10'1	180'9	...	432'2 5'03	1,175'9 50'25	75'4
i .	98 {	224'5	10'2	...	...	173'5	...	...	20'4 10'20	...	122'4	193'9 10'20	102'0	...	...	...	30'6	30'6	...	632'7	1,540'8 20'41	61'2
gul .	47 {	...	...	...	...	531'9	...	...	...	...	42'6	106'4	425'5	...	...	...	21'3 21'28	106'4	...	297'9	1,531'9 21'28	63'8
GROUP IV.— BENGAL AND ORISSA.	14,084 {	57'9 57	1'1 0'07	1'1	1'1 2'1	378'6 1'56	...	22'6	8'8 2'98	13'8 4'05	41'3 3'36	108'1 2'77	101'3 2'21	...	4	1'1	10'7 43	80'9 0'07	1'1	390'4 4'19	1,216'5 17'47	48
A ibassa .	122 {	...	...	...	...	221'3	...	24'6	...	8'2 8'20	90'2 8'20	229'5 8'20	49'2	...	...	...	...	73'8	...	262'3 8'20	959'0 32'79	32'8
ulia .	216 {	32'4	...	...	...	111'1	...	129'6	9'3 9'26	...	23'1	324'1	203'7	...	...	...	18'5	37'0	...	763'9 9'26	1,652'8 18'52	88'0
chi .	124 {	161'3 8'06	...	...	...	32'3	...	48'4	32'3	48'4	32'3 8'06	217'4	185'5	...	...	...	24'2	161'3	...	483'9 8'06	1,427'4 24'19	88'7
aman .	87 {	57'5	...	...	...	275'9	...	...	...	34'5	34'5	436'8 22'99	92'0	...	...	...	23'0	11'5	...	195'4 34'48	1,160'9 57'47	69'0
zaribagh, Central.	354 {	183'6 16'95	...	...	14'1	56'5	...	...	5'6	8'5	2'8	31'1 5'65	96'0	...	...	...	5'6	42'4	...	129'9	576'3 22'60	33'9
B ya Central.	728 {	138'7 5'49	31'6 15'11	...	...	487'6	...	...	30'2 17'86	26'1 9'62	104'4 6'87	56'3 2'75	544'0	...	12'4	...	4'1	119'5	...	494'5 16'48	2,049'5 73'18	72'8
agalpur, Central.	1,068 {	148'9 2'81	...	...	...	101'1	...	...	11'2 6'55	12'2 2'81	23'4	183'5 1'87	73'0	...	1'9	...	3'7 1'87	6'6	...	173'2 6'55	738'8 22'47	38'4
ngghyr .	215 {	195'3	...	...	...	130'2	...	83'7	9'3	14'0 4'65	120'9 4'65	148'8	102'3	...	...	...	4'7	41'9	...	241'9 4'65	1,093'0 13'95	55'8
rbhanga .	134 {	...	...	...	...	149'3	...	...	14'9 7'46	...	7'5	119'4	89'6	...	...	...	37'3	59'7	...	179'1	656'7 7'46	37'3
amparan .	154 {	64'9	...	...	...	253'2	...	...	...	...	6'5	149'4	45'5	...	...	...	...	84'4	...	551'9	1,155'8	51'9
zaffarpur .	251 {	...	...	...	...	211'2	...	8'0	12'0 3'95	4'0 3'98	39'8	215'1 7'97	23'9	...	...	...	12'0	67'7	...	378'5 15'94	972'1 31'07	51'8
na .	149 {	...	...	...	...	275'2	...	174'5	13'4	13'4	33'6	228'2	120'8	...	...	...	6'7	73'8	...	275'2	1,214'8	40'3
ah .	110 {	45'5 9'09	...	...	...	572'7	...	...	18'2	18'2	18'2	309'1 18'18	27'3	...	...	...	...	81'8	...	663'6	1,754'5 27'27	72'7
apra .	168 {	29'8	...	11'9	...	351'2 5'95	...	89'3	23'8 11'90	...	11'9	172'6 17'86	83'3	...	...	...	6'0	33'6	...	613'1 17'86	1,446'4 53'57	53'6
nar, Central	785 {	20'4	10'2 3'82	...	...	347'8 2'55	...	...	21'7 3'82	7'6 1'27	17'8 1'27	243'3 7'64	65'0	...	...	...	1'3	40'8	...	322'3 16'56	1,098'1 36'94	43'3
rantadih .	76 {	...	...	...	...	52'6	...	...	...	...	...	26'3	26'3	...	...	...	...	...	...	39'5 13'16	144'7 13'16	5'1
azipur .	225 {	...	...	...	...	146'7	...	...	...	4'4	8'9	75'6 8'89	17'8	...	8'9	...	4'4	52'3	...	142'2	462'2 8'89	31'1
amgarh .	172 {	...	...	...	...	314'0	...	...	...	23'3 17'44	11'6	87'2	17'4	...	...	...	...	110'5	...	122'1 11'63	686'0 29'07	11'6
orakhpur .	484 {	2'1	...	4'1	...	128'1	...	...	4'1 2'07	8'3	22'7	78'5 4'13	33'1 2'07	...	2'1	4'1	8'3	76'4	...	278'9 12'40	650'8 20'66	28'9
sti .	261 {	38'3	3'8 3'83	...	7'7	114'9	...	...	...	23'0 15'33	23'0	61'3 7'66	19'2	...	7'7	...	19'2	80'5	...	118'8 3'83	517'2 30'65	23'0
zabad .	595 {	89'1 10'08	18'5 6'72	...	1'7	309'2	...	...	1'7	10'1	21'8	79'0 1'68	62'2 11'76	...	...	...	18'5 6'72	40'3	...	255'5 10'08	907'6 52'10	20'1
ltanpur .	243 {	...	86'4 45'38	...	...	37'0	...	...	444'4 148'13	20'6	...	8'2	8'2	...	...	...	...	8'2	...	57'6 8'23	670'8 203'88	308'6
i Bareli .	492 {	...	...	...	...	193'1	...	...	6'1	20'3	20'3	40'7	18'3	...	...	...	4'1 2'03	63'0	...	178'9 12'20	544'7 24'39	24'4

* Worked on the aggregates.

TABLE XXVII—continued.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE, PER 1,000 OF STRENGTH.										Average number of deaths per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All other causes.	ALL CAUSES.	
Partabgarh .	205 {	9.8	...	...	...	131.7	...	9.8	...	4.9	...	58.5	14.6	...	9.8	...	...	126.8	...	151.2	517.1	...
Jaunpur .	152 {	6.6	...	...	...	217.1	...	...	...	6.6	32.9	26.3	46.1	...	...	...	39.5	210.5	...	177.6	763.2	...
Benares, Central.	1,590 {	...	...	...	...	200.6	...	...	6.3	13.8	17.6	53.5	2.5	...	6.9	...	2.5	59.8	...	97.5	471.1	...
Benares, District.	362 {	35.9	...	...	...	157.5	...	...	5.5	5.5	11.0	154.7	33.1	...	...	...	5.5	88.4	...	149.2	646.4	...
Mirzapur .	192 {	218.8	5.2	...	...	599.0	...	...	5.2	26.0	5.2	171.9	26.0	...	15.6	...	...	109.4	...	119.8	1,302.1	...
Allahabad, Central.	1,760 {	95.5	...	...	...	311.4	...	6.2	4.0	14.8	44.3	9.7	44.8	...	...	...	9.1	172.7	...	218.7	931.3	...
Allahabad, District.	453 {	46.4	...	...	...	205.3	...	...	...	81.7	30.9	53.0	13.2	...	...	...	2.2	145.7	...	163.4	741.7	...
Karwi .	51 {	...	...	...	...	...	...	...	...	98.0	...	19.6	...	...	...	...	...	...	...	...	117.6	...
Banda .	202 {	252.5	...	...	...	460.4	...	...	...	9.9	19.8	262.4	19.8	...	...	...	...	49.5	...	158.4	1,232.7	...
Fatehpur .	235 {	...	...	...	...	289.4	...	...	...	12.8	38.3	21.3	4.3	...	...	...	8.5	123.4	...	187.2	635.1	...
Hamirpur .	137 {	...	...	...	...	94.9	...	...	...	...	14.6	109.5	7.3	...	...	...	14.6	175.2	...	116.8	532.8	...
Orai .	154 {	...	...	...	...	194.8	...	...	...	6.5	64.9	13.0	45.5	...	...	...	13.0	84.4	...	376.6	798.7	...
Cawnpore .	488 {	...	...	...	...	1,094.3	...	...	6.1	49.2	10.2	92.2	32.8	...	...	...	...	135.2	...	207.0	1,627.0	...
Unao .	271 {	...	...	...	...	132.8	...	...	3.7	7.4	22.1	25.8	11.1	...	18.5	...	3.7	88.6	...	214.0	527.7	...
Lucknow, Central.	1,701 {	...	2.9	...	...	89.9	...	...	28.2	7.1	10.0	10.6	12.9	...	1.2	...	2.9	25.9	...	61.7	253.4	...
Lucknow, District.	559 {	17.9	...	...	...	62.6	...	...	5.4	3.6	21.5	7.2	28.6	...	...	...	...	164.6	...	161.0	472.3	...
Barabanki .	343 {	...	...	...	...	212.8	...	...	8.7	11.7	32.1	32.1	14.6	...	...	...	11.7	84.5	...	154.5	562.7	...
Gonda .	330 {	...	...	6.1	...	42.4	...	3.0	9.1	...	9.1	24.2	9.1	...	...	...	3.0	60.6	...	145.5	312.1	...
Bahraich .	279 {	71.7	3.6	...	...	340.5	...	...	...	14.3	86.0	60.9	39.4	...	...	...	14.3	60.9	...	272.4	564.2	...
Kheri .	323 {	89.8	...	...	...	52.6	...	...	15.5	15.5	65.0	46.4	9.3	...	...	...	6.2	86.7	...	173.4	560.4	...
Sitapur .	528 {	...	5.7	...	1.9	259.5	...	1.9	3.8	13.3	5.7	20.8	7.6	...	...	...	...	60.6	...	73.9	454.5	...
Hardoi .	371 {	...	...	...	...	32.3	...	...	...	10.8	...	48.5	8.1	...	...	...	13.5	45.8	...	97.0	256.1	...
Etawah .	281 {	...	3.6	...	...	195.7	...	...	3.6	17.8	14.2	32.0	10.7	...	...	...	10.7	96.1	...	185.1	569.4	...
Mainpuri .	237 {	80.2	...	...	...	1,278.5	...	...	4.2	59.1	109.7	29.5	84.4	...	...	...	...	181.4	...	248.9	2,075.9	...
Etah .	243 {	...	...	...	...	489.7	...	...	16.5	41.2	41.2	65.8	37.0	...	...	...	...	41.2	...	131.7	864.2	...
Fatehgarh, Central.	2,020 {	51.5	...	...	...	171.3	...	...	9.4	6.9	19.4	15.8	6.4	...	...	...	7.9	37.1	...	104.5	430.2	...
Fatehgarh, District.	264 {	...	...	...	...	681.8	...	...	...	7.6	53.0	7.6	102.3	...	...	...	30.3	106.1	...	488.6	1,477.3	...
GROUP V.— GANGETIC PLAIN AND CHUTIA NAGPUR.	20,944 {	46.8	3.6	3	4	244.2	...	5.4	14.4	14.8	27.7	72.0	51.9	...	1.9	1	6.5	77.4	...	196.3	763.7	...
		3.01	1.62	...	...	67	...	...	4.68	3.63	1.34	2.48	81	...	...	...	53	...	...	6.45	25.21	...
A																						
Shahjahanpur	292 {	...	...	...	3.4	181.5	...	...	13.7	3.4	10.3	89.0	17.1	...	...	...	10.3	44.5	...	109.6	482.9	...
Pilibhit .	81 {	49.4	12.3	...	...	61.7	...	...	12.3	61.7	...	61.7	...	...	...	...	...	...	...	111.1	370.4	...
Bareilly, Central.	1,882 {	20.2	2.7	...	...	77.0	...	...	4.8	4.4	12.8	14.3	13.3	...	...	...	8.0	17.0	...	80.8	257.2	...
		1.59	1.59	...	...	1.59	...	...	5.3	2.66	1.59	5.3	5.3	...	...	...	5.3	...	...	5.31	21.25	...

* Worked on the aggregates.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE, PER 1,000 OF STRENGTH.											Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer and Boil.	Phagedæna, Slough, and Gangrene.	All other causes.	ALL CAUSES.		
areilly, District	537 {	31'7 ...	3'7 ...	3'7 1'86	...	251'4 1'86	...	...	7'4 5'59	39'1 7'45	5'6 ...	22'3 1'86	18'6 1'86	...	1'9 1'86	...	13'0 1'86	44'7 ...	...	143'4 1'86	586'6 26'07	18'6
areilly, Juvenile	228 {	...	...	...	4'4 4'39	109'6 ...	...	8'8 ...	4'4 ...	30'7 4'39	21'9 ...	4'4 ...	8'8 ...	...	...	...	...	17'5 ...	...	140'4 ...	350'9 8'77	17'5
udaun	365 {	...	...	...	...	237'7 ...	...	5'5 ...	13'7 ...	24'6 ...	13'7 ...	51'9 ...	21'9 ...	...	...	...	13'7 5'46	87'4 ...	...	153'0 ...	623'0 5'46	24'6
ligarh	373 {	...	...	...	...	126'0 ...	...	2'7 ...	2'7 ...	32'2 13'40	21'4 ...	32'2 5'36	16'1 ...	...	...	...	2'7 ...	115'3 ...	...	238'6 5'36	589'8 24'13	26'8
ulandshahr	285 {	...	...	...	...	343'9 3'51	...	...	...	14'0 7'02	3'5 ...	154'4 3'51	28'1 3'51	...	...	...	7'0 ...	94'7 ...	...	298'3 7'02	943'9 24'56	24'6
oradabad	393 {	7'6 ...	5'1 5'09	...	5'1 ...	664'1 2'54	...	...	5'1 2'54	30'5 10'18	10'2 2'54	91'6 12'72	28'0 2'54	...	...	...	5'1 ...	109'4 ...	...	137'4 15'27	1,099'2 53'44	25'4
ijnor	211 {	...	...	...	...	137'4 ...	...	...	...	9'5 9'48	19'0 ...	94'8 4'74	19'0 ...	...	...	...	...	71'1 ...	...	75'8 ...	426'5 14'22	19'0
ehra Dun	94 {	...	...	...	...	42'6 10'64	...	10'6 ...	10'6 10'64	10'6 ...	42'6 ...	10'6 ...	10'6 10'64	...	...	...	...	21'3 ...	...	63'8 ...	223'4 31'91	10'6
aharanpur	274 {	54'7 7'30	...	...	...	394'2 ...	...	...	...	3'6 ...	36'5 ...	171'5 7'30	26'6 3'65	...	...	3'6 ...	29'2 3'65	171'5 ...	...	350'4 ...	1,262'0 21'90	36'5
Muzaffarnagar	222 {	4'5 ...	...	...	...	126'1 ...	...	...	4'5 ...	9'0 ...	...	22'5 ...	9'0 ...	...	...	...	...	27'0 ...	...	108'1 9'01	310'8 9'01	9'0
Meerut	572 {	...	...	...	...	33'2 ...	...	5'2 ...	1'7 ...	12'2 8'74	24'5 3'50	29'7 ...	1'7 ...	...	...	...	1'7 ...	26'2 ...	...	69'9 6'99	206'3 19'23	7'0
Delhi	554 {	3'6 ...	9'0 1'81	...	...	1,509'0 ...	...	5'4 5'42	12'6 ...	23'5 3'61	19'9 ...	19'9 ...	79'4 ...	...	...	...	18'1 1'82	198'6 ...	...	218'4 5'42	1,617'3 18'05	68'6
Rohtak	195 {	107'1 ...	...	...	...	102'0 ...	...	86'7 ...	...	10'2 5'1	5'1 ...	10'2 ...	...	...	...	...	...	81'6 ...	...	148'0 ...	551'0 5'10	15'3
Hissar	248 {	...	...	...	...	205'6 ...	...	...	8'1 ...	4'0 ...	40'3 ...	32'3 4'03	24'2 ...	...	8'1 ...	...	28'2 ...	133'1 ...	4'0 4'03	153'2 4'03	641'1 12'10	20'2
Ambala	149 {	...	...	...	...	308'7 ...	...	...	13'4 ...	6'7 ...	33'6 ...	26'8 ...	73'8 ...	...	...	...	53'7 ...	26'8 ...	...	174'5 6'71	718'1 6'71	26'8
B																							
udhiana	402 {	...	...	...	...	64'7 ...	...	24'9 ...	2'5 2'49	19'9 9'95	44'8 ...	5'0 ...	12'4 ...	...	...	...	...	34'8 ...	...	99'5 7'46	308'5 19'50	10'0
ullundur	314 {	...	...	3'2 ...	...	47'8 ...	...	...	15'9 ...	15'9 3'18	6'4 ...	...	6'4 ...	...	...	...	...	12'7 ...	...	82'8 6'37	191'1 9'55	9'6
erozepore	496 {	66'5 ...	...	2'1 ...	4'0 ...	562'5 ...	...	...	...	42'3 4'03	24'2 ...	...	32'3 ...	...	...	...	6'0 ...	98'8 ...	...	445'6 2'02	1,284'3 6'05	28'2
ahore, Central.	2,071 {	...	5 48	...	5 ...	316'8 1'45	...	10'1 ...	3'4 97	25'6 4'35	70'0 97	64'7 2'90	20'8 48	...	5 ...	...	1'9 ...	51'2 ...	...	251'1 6'76	817'0 18'35	35'
ahore, Borstal, Central.	1,484 {	14'8 67	...	...	67 ...	572'8 3'37	...	7 ...	19'5 67	6'1 3'37	70'1 ...	7 67	27'0 ...	...	1'3 ...	5'4 ...	31'7 67	198'1 ...	...	674'5 5'39	1,622'6 15'50	43'1
Female	200 {	...	...	...	...	365'0 5'00	...	5'0 ...	...	5'0 ...	20'0 ...	...	40'0 15'00	...	...	...	45'0 ...	30'0 ...	...	500'0 10'09	1,010'0 30'00	35'0
Gurdaspur	273 {	14'7 ...	...	...	...	65'9 ...	...	...	...	25'6 7'33	18'3 ...	...	18'3 ...	...	...	...	...	47'6 ...	...	131'9 3'66	322'3 10'99	7'3
Gujranwala	370 {	...	...	...	...	189'2 ...	...	...	2'7 ...	43'2 13'51	54'1 ...	21'6 ...	83'8 ...	...	...	...	...	48'6 ...	...	245'9 ...	689'2 13'51	10'8
Bialkot	405 {	...	...	...	...	140'7 ...	...	...	...	7'4 2'47	9'9 ...	9'9 2'47	4'9 ...	...	...	...	4'9 ...	49'4 ...	...	121'0 4'94	348'1 9'88	7'4
helum	294 {	...	...	...	...	690'5 ...	...	...	6'8 ...	17'0 3'4	23'8 ...	57'8 ...	57'8 ...	...	...	...	3'4 3'40	115'6 ...	...	265'3 3'40	1,238'1 10'20	20'4
Chewra Camp	198 {	252'5 ...	...	...	...	388'9 ...	...	...	...	10'1 10'10	55'6 ...	96'0 ...	20'2 ...	...	15'1 ...	...	5'1 ...	181'8 ...	...	717'2 5'05	1,742'4 15'15	50'5
Rawalpindi	742 {	14'8 2'70	...	...	2'7 1'35	40'4 4'04	...	...	13'5 ...	20'2 5'39	21'6 ...	6'7 ...	6'7 1'35	...	...	...	2'7 ...	13'5 ...	...	44'5 8'09	187'3 22'91	13'5
Campbellpore.	221 {	...	...	...	...	113'1 ...	...	31'7 ...	13'6 4'52	4'5 ...	36'2 4'52	45'2 ...	226'2 ...	...	...	...	9'0 ...	54'3 ...	...	230'8 9'05	764'7 18'10	18'1
GROUP VI.— UPPER SUB-HIMALAYA	14,427 {	15'3 55	1'1 55	3 07	6 21	284'1 1'32	...	4'8 21	6'9 83	18'0 4'71	32'4 62	34'4 2'22	27'2 83	...	6 07	6 ...	9'7 55	75'0 ...	1 07	233'6 5'20	744'8 18'02	25	

PRISONERS, 1921.

TABLE XXVII—continued.

RATIOS of FAILS, GROUPS, and ADMINISTRATION.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.												2. DEATH RATE, PER 1,000 OF STRENGTH.												Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All other causes.	ALL CAUSES.					
A																										
Peshawar	1,127	...	...	1'8	...	1,552'8 7'10	...	...	8'0 2'66	21'3 5'32	28'4 8'9	30'2 3'55	14'2	...	...	...	3'6 8'9	11'5	...	122'4 6'21	1,794'1 27'51	30'2
Kohat	237	...	...	4'2	...	101'3	...	...	...	42'2 12'66	12'7 4'22	50'6	21'1 4'22	...	...	...	16'9	42'2	...	189'1 16'88	481'0 37'98	25'3
Bannu	43	...	...	2'5	...	253'1	5'0	...	5'0	14'9 7'44	24'8	34'6 4'96	14'9	...	...	...	14'9 2'48	37'2	...	153'8 7'44	560'8 22'33	19'9
Shahpur	273	...	...	...	...	142'9	...	...	...	...	11'0	14'7	22'0	...	...	...	11'0	40'3	...	113'6 25'64	355'3 142'86	307'7
Mianwali	277	3'6	...	...	...	436'8	...	...	...	3'6 3'61	25'3	54'2	151'6	...	3'6	...	7'2	122'7 3'61	...	256'3 7'22	1,065'0 14'44	25'3
Lyallpur.	375	...	...	...	2'7	1'5'3	...	104'0	10'7	8'0 5'33	40'0	16'0	32'0	...	...	...	4'0	82'7	...	381'3 2'67	842'7 8'00	18'7
Jhang	284	...	...	3'5	...	573'9 3'52	...	...	...	38'7 7'04	56'3	84'5	28'2	...	...	...	7'0	70'4	...	338'0	1,200'7 10'56	28'2
Montgomery, Central.	1,953	95'2 5'43	...	...	6'1 2'56	254'5 3'07	...	119'3	5'1	13'8 3'58	17'4	...	10'8 1'02	...	5'51	...	1'0 5'51	223'8	...	376'3 7'17	1,123'9 24'0	30'2		
Multan, Central.	1,516	110'8	...	...	...	281'0 6'66	...	6'6	5'9	16'5 1'98	29'0	...	50'8	...	7	7	17'2 1'32	246'7	1'3	288'3 1'98	1,055'4 5'94	35'0	
Multan, District.	931	35'4 2'15	...	...	4'3	78'4	1'1	1'1	1'	7'5 3'22	22'6	1'1	7'5	...	...	...	...	55'9	...	151'4 3'22	367'3 8'59	14'0
Dera Ismail Khan.	910	33'0	...	...	...	57'2	...	...	4'4 1'10	29'7 6'59	31'9 2'20	28'6 1'10	13'2	...	...	7'7	7'7	76'9	...	147'3 4'40	437'4 15'38	22'0
Dera Ghazi Khan.	192	35'2 10'05	...	5'0	10'1 5'03	331'7	...	...	...	30'2 5'03	...	90'5	10'1	...	...	...	5'0	55'3	...	160'8 5'05	733'7 25'13	20'1
B																										
Sibi	69	14'5	...	...	...	333'3	...	...	...	58'0	58'0	14'5	58'0	...	...	29'0	...	58'0	...	260'9	884'1	29'0
C																										
Shikarpur	199	...	...	...	...	50'3	...	5'0	10'1	110'6 15'08	30'2	35'2	5'0	...	...	...	...	5'0	...	140'7	392'0 15'08	10'1
Sukkur	613	174'8 6'47	...	3'2	...	171'5 1'62	...	...	...	66'3 17'80	11'3	17'8 6'47	1'6	...	...	64'7 1'62	1'6	24'3	...	113'3	650'1 33'98	27'5
Sind Gang	652	...	...	...	1'5 1'53	191'7	...	...	...	56'7 24'54	67'5	38'3	32'2	...	...	...	...	64'4	...	317'5	769'9 26'07	15'3
Hyderabad, Central.	1,249	112'1 13'61	...	8	8	285'0	...	...	3'2 1'60	5'6	65'7 8'80	8'0	4'8	...	...	...	...	119'3	...	430'7 5'60	1,036'0 22'42	44'0
Karachi	565	...	...	...	...	54'9	...	...	5'3 5'31	21'2 5'31	61'9 5'31	8'8	...	...	...	1'8	...	3'1'9	...	40'7 5'31	226'5 21'24	15'9
GROUP VII.— N.-W. FRONTIER INDUS VALLEY, AND N.-W. RAJPUTANA.	11,837	5'9 3'04	...	8	1'8 5'59	338'9 1'44	3	24'0	4'1 3'46	22'8 5'91	33'1 7'0	18'0 1'01	20'9 2'25	...	3 17	4'3 0'02	6'2 4'42	110'4 1'09	2	249'1 4'98	891'9 22'13	34				
A																										
Rajkot	89	...	...	...	...	22'5	...	11'2	...	33'7 22'47	33'7	11'2	11'2	...	...	...	...	...	...	112'4	236'0 22'47	11'2
Ahmedabad, Central.	1,347	11'1 1'48	...	3'0	1'5 7'4	241'3	...	...	3'7 1'48	5'9 7'4	42'3	14'8	39'3	...	...	7	7	50'5	...	215'3 5'20	630'3 9'65	20'8
B																										
Ajmer	314	6'4	3'2 3'18	...	3'2	63'7	...	...	3'2	15'9	25'5	15'9	38'2	...	...	...	3'2	41'4	...	191'1	410'8 3'18	15'9
Muttra	298	...	...	...	...	140'9	...	...	20'1	80'5 10'07	16'8	3'4	13'4	...	...	...	...	13'4	...	83'9 6'71	372'5 1'6	13'4
Agra, Central	2,004	3'5 5'0	...	...	...	232'5	...	...	11'0 1'00	8'5 2'00	31'9 2'0	9'0	4'0	...	...	1'0 5'0	9'0 1'50	105'8	...	190'1 2'50	606'3 9'98	15'0
„ District	359	...	...	...	...	133'7	...	...	8'4	8'4 2'79	36'2 5'57	16'7	13'9	...	...	...	11'1	156'0	...	169'9 11'14	554'3 19'50	11'1
Jhansi	202	5'0	...	...	...	311'9	...	19'8	5'0	24'8 9'90	39'6	49'5	94'1	...	...	...	9'9	69'3	...	277'2 9'90	905'9 19'80	19'8
Lalitpur.	78	25'6	...	...	...	846'2	...	...	25'6	38'5 12'82	25'6	89'7	141'0	...	...	...	...	192'3	...	333'3	1,717'9 12'82	51'3
GROUP VIII.— S. E. RAJPU- TANA, CENTRAL INDIA AND GUJA- RAT.	4,691	5'8 6'4	2 21	9	6 21	220'0	...	1'1	8'5	11'5	34'1	14'5	23'7	...	...	6	5'5	81'4	...	193'8	605'6 11'30	17		

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.							2. DEATH RATE, PER 1,000 OF STRENGTH.													Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer and Boil.	Phagedæna, Slough, and Gangrene.	All other causes.	ALL CAUSES.	
A																						
or .	123 {	...	...	...	...	162'6	...	...	...	32'5	97'6	48'8	40'7	...	...	...	...	48'8	...	81'3	512'2	16'3
		...	...	...	...	...	...	...	8'13	16'26	...	...	8'13	...	...	...	...	...	...	8'13	40'65	
ulpore, atal.	1,178 {	165'5 3'40	...	...	8	47'5	11'9	11'0	11'9	8	31'4	53'5	22'1	...	...	...	1'7	24'6	...	74'7	457'5	17'8
		...	...	...	...	...	...	...	2'55	85	85	3'40	...	...	...	...	...	...	...	8'49	19'52	
inghpur .	207 {	120'8 4'83	...	43'5	...	14'5	...	...	4'8	14'5	...	24'2	...	...	...	...	...	29'0	...	67'6	318'8	4'8
		...	...	...	...	...	...	...	4'83	9'66	...	4'83	...	...	...	...	...	...	...	...	24'15	
pur .	124 {	...	...	...	...	64'5	...	...	...	8'1	...	24'2	22	...	...	...	...	8'1	...	193'5	322'6	8'1
		
alpur .	111 {	207'2 9'01	...	...	...	198'2	...	...	9'0	9'0	54'1	198'2	171'2	...	9'0	...	9'0	36'0	...	423'4	1,324'3	72'1
		...	...	...	...	...	...	...	...	...	...	9'01	9'01	...	...	...	...	...	...	...	27'03	
ir, Central	721 {	135'9 16'64	1'4	...	...	84'6	...	...	26'4	16'6	23'6	91'5	43'0	...	...	...	...	11'1	1'4	156'7	592'2	25'0
		...	...	...	...	1'39	...	...	12'48	4'16	4'16	11'10	5'55	...	...	...	...	...	...	37'45	92'93	
adwara .	79 {	...	...	...	...	25'3	...	12'7	...	63'3	12'7	12'7	...	...	12'7	...	12'7	12'7	...	50'6	215'2	12'7
		...	...	...	...	...	...	...	...	12'66	...	12'66	...	...	...	...	...	...	...	...	25'32	
angabad .	75 {	13'3 13'33	...	...	...	213'3	...	...	...	13'3	13'3	53'3	13'3	...	...	...	...	93'3	...	133'3	546'7	13'3
		...	...	...	...	...	...	...	...	13'33	...	...	...	...	...	...	...	...	...	13'33	40'00	
r .	78 {	...	...	...	...	115'4	...	51'3	...	38'5	25'6	25'6	...	...	...	...	...	...	...	179'5	435'9	25'6
		...	...	...	...	...	...	...	12'82	12'82	...	...	...	...	...	...	...	...	...	...	25'64	
ur, Cen-	1,186 {	82'6 5'06	1'7	...	...	100'3	...	2'5	5'1	9'3	9'3	44'7	33'7	...	...	...	8	53'1	...	96'1	439'3	21'9
		...	84	...	...	...	...	...	4'22	4'22	1'69	3'37	1'69	...	...	...	...	...	...	8'43	29'51	
ndara .	70 {	...	...	...	...	128'6	...	42'9	...	28'6	28'6	28'6	28'6	...	...	...	28'6	171'4	...	314'3	800'0	28'6
		
B																						
nderabad .	165 {	...	...	...	...	115'2	...	36'4	...	6'1	54'5	6'1	...	...	...	...	18'2	381'8	...	781'8	1,400'0	72'7
		...	...	...	...	...	...	...	...	6'6	...	...	...	...	...	...	...	...	...	...	6'06	
mal .	80 {	...	...	...	...	12'5	...	75'0	...	25'0	...	100'0	...	...	...	...	...	37'5	...	175'0	425'0	12'5
		...	...	...	...	12'50	...	...	...	12'50	...	12'50	...	...	...	...	...	...	...	...	37'50	
oti .	247 {	...	...	...	...	24'3	...	12'1	...	...	8'1	28'3	4'0	4'0	...	...	4'0	24'3	...	101'2	210'5	16'2
		...	...	...	...	...	...	...	...	...	...	4'05	...	...	...	...	...	...	...	...	4'05	
a .	161 {	...	...	...	...	24'8	...	...	...	12'4	6'2	12'4	24'8	...	...	...	...	37'3	...	105'6	223'6	6'2
		...	...	...	...	...	...	...	...	...	...	...	6'21	...	...	...	...	...	...	...	6'21	
ana .	66 {	...	...	...	...	60'6	...	...	...	...	30'3	75'8	30'3	...	...	...	...	...	...	151'5	348'5	15'2
		...	...	...	...	...	...	...	15'15	...	15'15	...	...	...	...	...	...	...	...	15'15	45'45	
ia .	591 {	...	...	...	...	98'1	...	...	1'7	3'5	30'5	5'1	3'4	...	6'8	...	...	16'9	...	164'1	340'1	11'8
		...	...	...	...	1'69	...	...	1'69	...	1'69	...	1'69	...	...	...	...	...	...	15'23	22'00	
owda, Cen- al.	1,980 {	...	...	...	...	211'6	...	1'5	13'6	5'1	36'4	21'7	19'7	5	5	...	3'0	76'8	5	342'9	733'8	43'9
		...	...	...	...	1'01	...	1'01	4'55	1'01	1'52	1'52	50	...	50	...	...	...	5	3'54	15'66	
pur .	508 {	...	...	...	...	3'9	...	2'0	5'9	11'8	7'9	...	...	...	...	...	...	17'7	...	122'0	171'3	7'9
		...	...	...	...	...	...	...	1'97	...	...	...	...	...	...	...	...	...	...	3'94	5'91	
an Gang.	1,970 {	...	...	5	...	187'3	...	236'5	2'5	67'0	99'0	50'3	119'3	...	...	...	5	158'9	5	452'8	1,375'1	27'4
		...	...	...	...	...	...	...	...	6'09	51	1'02	51	...	...	...	...	...	5	3'05	11'68	
rwar .	406 {	...	...	...	...	88'7	...	29'6	...	14'8	61'6	36'9	24'6	...	...	...	...	51'7	...	374'4	682'3	27'1
		
UP IX.— ECC AN, I	10,126 {	43'4 2'47	3 10	1'0	1	122'8 49	1'4	51'5	7'6	20'8	41'2	40'5	41'5	2	7	...	1'8	71'1	3	250'5	690'6	26
		20	3'16	3'16	1'19	2'57	1'19	...	10	20	7'31	22'12	

* Worked on the aggregates.

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TABLE XXVII—concluded.

RATIOS of FAILS, GROUPS and ADMINISTRATIONS.

JAILS, AND GROUPS.	Average annual strength.	1. ADMISSION RATE.							2. DEATH RATE, PER 1,000 OF STRENGTH.												
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All other causes.	ALL CAUSES.
Thana . . .	680 {	...	...	...	...	113'2	...	...	16'2	16'2	102'9	20'6	42'6	...	...	...	2'9	10'3	...	244'1	569'1
		...	...	...	...	...	...	...	4'41	2'94	...	2'94	2'94	...	...	...	...	...	...	4'41	17'65
Bombay, Common.	445 {	9'0	...	4'5	...	1,188'8	...	...	20'2	22'5	62'9	105'6	137'1	2'2	2'2	2'2	...	76'4	...	431'5	2,065'2
		...	...	4'49	...	2'25	...	...	13'48	4'49	...	2'25	...	2'25	...	...	...	...	...	15'73	44'94
Bombay, House of Correction.	231 {	...	...	...	...	368'0	...	...	21'6	4'3	30'3	99'6	51'8	...	...	...	...	51'8	...	285'7	913'4
		...	...	...	...	4'33	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4'33
Ratnagiri . .	182 {	38'5	...	...	...	44'0	...	...	5'5	5'5	16'5	49'5	44'0	...	...	...	5'5	16'5	...	175'8	401'1
		...	...	...	...	...	...	...	5'49	...	...	...	...	...	...	...	...	...	...	...	5'49
Karwar . . .	170 {	...	...	...	...	88'2	...	...	...	5'9	17'6	223'5	...	...	...	...	...	35'3	...	241'2	611'8
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5'88	5'88
Cannanore, Central.	1,012 {	...	...	...	...	6'9	...	...	1'0	3'0	62'3	9'9	...	2'0	...	...	...	15'8	1'0	272'7	374'5
		...	...	...	...	...	...	...	...	...	...	99	...	1'98	...	...	...	...	99	16'80	20'75
GROUP X.—WESTERN COAST.	2,720 {	4'0	...	7	...	265'1	...	...	9'9	9'9	64'0	51'8	40'4	1'1	4'1	4	1'1	28'7	4	284'2	762'1
		...	...	74	...	74	...	...	3'68	1'47	...	1'47	74	1'10	...	...	...	...	37	10'29	20'59
A																					
Bellary, Central	965 {	261'1	...	...	...	2'1	...	...	7'3	1'0	10'4	14'5	...	...	...	...	...	38'3	...	169'9	504'7
		9'33	...	...	...	...	...	...	4'15	...	...	...	...	...	...	...	...	...	...	3'11	16'58
Bellary Camp	1,738 {	75'9	...	...	...	10'9	...	...	6	1'2	4'6	23'0	...	...	...	...	6	6	...	223'2	340'6
		8'06	...	...	...	...	...	...	58	1'73	1'15	2'30	...	...	...	...	...	...	...	16'11	29'92
Salem, Central	789 {	...	...	...	...	22'8	...	...	1'3	1'3	3'8	12'7	3'8	1'3	...	...	...	12'7	...	53'2	112'8
		...	...	...	...	...	...	...	...	...	1'27	...	...	...	...	...	...	...	...	6'34	7'60
Coimbatore, Central.	1,456 {	6'2	...	7	7	11'0	...	...	4'8	5'5	2'1	13'7	46'0	...	...	...	1'4	16'5	...	130'5	239'0
		69	...	...	...	...	...	...	...	1'37	69	...	2'06	...	...	...	...	...	...	10'59	15'80
B																					
Palamcottah .	392 {	68'9	...	...	...	5'1	...	...	5'1	5'1	2'6	15'3	28'1	...	...	...	...	30'6	...	199'0	359'7
		2'55	...	...	...	...	...	...	2'55	2'55	...	5'10	...	...	...	...	...	...	...	5'10	17'86
Madura . . .	484 {	64'0	...	...	...	8'3	...	...	...	...	4'1	26'9	...	...	...	...	...	18'6	...	157'0	278'9
		4'13	...	...	...	...	...	...	...	...	...	4'13	...	...	...	...	...	...	...	6'20	14'46
Trichinopoly, Central.	1,414 {	...	7	...	...	31'8	...	...	27'6	4'2	38'2	1'4	3'5	...	...	...	2'8	25'5	...	221'4	357'1
		...	...	...	...	71	...	...	9'19	1'41	71	...	...	...	...	...	...	...	...	2'83	14'85
Tanjore . . .	380 {	...	...	2'6	2'6	10'5	...	...	5'3	2'6	42'1	...	...	...	...	...	2'6	10'5	...	168'4	247'4
		...	...	...	...	...	...	...	...	2'63	...	...	...	...	...	...	...	...	...	5'26	7'89
Cuddalore . .	357 {	16'8	...	...	...	16'8	...	...	2'8	2'8	33'6	22'4	...	...	...	...	2'8	50'4	...	238'1	386'6
		...	...	...	...	...	...	...	2'80	...	...	...	...	...	...	...	2'80	...	...	2'80	8'40
Vellore, Central.	1,608 {	64'7	...	1'2	...	36'1	...	...	8'7	9'9	29'9	17'4	...	...	...	...	...	22'4	...	198'4	388'7
		1'24	...	...	...	...	...	...	1'24	4'35	62	...	...	...	...	...	...	...	...	6'84	14'30
Madras, Civil	11 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	90'9	90'9
Madras Penitentiary, Central.	939 {	46'9	...	1'1	...	9'6	20'2	...	13'8	5'3	6'4	24'5	...	...	1'1	...	2'1	8'5	...	91'6	231'1
		...	...	...	...	...	...	...	1'06	1'06	1'06	...	...	...	1'06	...	...	...	...	4'26	8'52
C																					
Rajahmundry, Central.	1,165 {	40'3	1'7	...	...	56'7	...	...	12'9	9'4	24'9	63'5	...	...	...	...	4'3	2'6	...	204'3	420'6
		1'72	1'72	...	...	86	...	...	7'73	2'58	86	2'58	...	...	...	...	...	...	...	14'59	32'62
Vizagapatam, Central.	665 {	49'6	...	...	...	34'6	...	...	21'1	13'5	27'1	36'1	4'5	...	...	...	1'5	4'5	...	87'2	279'7
		1'50	...	...	...	1'50	...	...	1'50	3'01	1'50	4'51	...	...	...	...	1'50	...	...	6'02	21'05
Berhampur . .	195 {	...	20'5	...	...	164'1	...	...	5'1	...	41'0	76'9	...	...	...	...	5'1	20'5	...	292'3	626'6
		...	10'26	...	...	5'13	...	...	...	...	...	15'38	...	...	...	...	...	...	...	5'13	35'90
GROUP XI.—SOUTHERN INDIA,	12,55 {	54'5	6	4	2	24'2	1'5	6	9'4	4'8	19'3	25'2	1'6	...	1	...	1'4	16'3	...	171'9	332'1
		2'55	32	...	...	32	...	...	2'79	1'67	64	1'59	...	...	08	...	16	...	...	8'04	18'16

* Worked on the aggregates.

RAILS, GROUPS AND ADMINIS- TRATIONS.	Average annual strength.	1. ADMISSION RATE.							2. DEATH RATE, PER 1,000 OF STRENGTH.															Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of un- certain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All other causes.	ALL CAUSES.			
	10 {	...	...	...	...	...	...	1000'0	...	...	...	...	...	...	...	...	...	...	...	800'0	1,800'0	...
ma	30 {	...	...	...	...	233'3	...	...	...	...	66'7	...	...	...	...	33'3	...	...	...	133'3	466'7	33'3
ong	70 {	342'9	...	...	...	157'1	...	42'9	...	57'1	42'9	100'0	...	...	...	...	100'0	...	...	271'4	1,114'3	42'9
eeling	106 {	...	...	...	...	207'5	...	547'2	...	9'4	75'5	103'8	198'1	...	...	9'4	188'7	...	...	566'0	1,905'7	56'6
ra	74 {	...	...	...	13'5	283'8	...	...	...	40'5	13'5	67'6	13'5	...	...	...	54'1	...	...	40'5	527'0	27'0
	26 {	...	...	...	...	76'9	...	...	...	38'5	...	76'9	38'5	...	...	...	...	...	...	153'8	384'6	...
Tal	33 {	...	...	...	...	272'7	...	...	...	60'6	30'3	90'9	30'3	...	...	...	60'6	...	...	181'8	727'3	30'3
ttabad.	185 {	32'4	...	...	...	102'7	...	10'8	48'7	16'2	...	59'5	16'2	...	...	16'2	64'9	...	...	146'0	513'5	27'0
ta	106 {	...	...	...	...	320'8	...	28'3	...	...	47'2	75'5	47'2	...	...	9'4	9'4	103'8	...	434'0	1,075'5	28'3
ara	48 {	...	...	...	...	312'5	...	...	...	41'7	83'3	104'2	104'2	...	...	...	20'8	208'3	...	187'5	1,062'5	41'7
P XII.— LS.	688 {	43'6	...	...	1'5	203'5	...	110'5	13'1	17'4	33'4	72'7	63'9	...	...	1'5	10'2	95'9	...	270'3	937'5	33
A IA— den	102 {	...	...	...	...	29'4	...	...	19'6	...	...	19'6	9'8	...	...	...	...	...	...	29'4	107'8	9'8
IA (a)	110,523 {	47'5	1'0	'4	'9	206'6	'3	21'6	9'4	13'7	30'0	50'8	39'2	'1	'6	'6	5'9	66'7	'1	241'1	736'6	29		
IA	16,087 {	62'5	'3	'1	2'5	39'0	...	57'1	10'7	5'3	12'5	38'0	15'4	'1	'1	'1	4'5	38'9	...	213'2	500'0	24		
M	2,369 {	161'7	1'7	...	'4	95'7	...	36'7	10'1	9'7	36'3	118'2	95'4	...	...	...	1'7	62'9	...	319'5	951'0	43
AL	13,497 {	58'8	'1	'1	1'1	382'9	...	27'9	8'4	13'8	41'3	106'6	100'2	...	'4	'1	10'7	80'6	'1	394'4	1,227'5	47'5		
R AND ISSA.	5,469 {	87'8	5'9	'4	'9	246'1	...	17'9	15'7	12'8	41'1	172'1	153'0	...	2'4	...	6'8	60'3	...	342'7	1,165'8	52		
ED VINCES.	25,159 {	25'1	2'1	'2	'4	228'0	...	1'1	11'6	16'1	22'8	40'1	20'6	...	1'2	'2	7'0	78'5	...	153'0	608'0	24		
AB	13,871 {	38'6	'1	'3	1'7	283'2	'1	24'5	6'2	16'6	36'9	20'3	30'3	...	'8	'6	9'9	118'2	'2	300'4	888'9	33		
ONTIER VINCE.	2,862 {	12'6	...	1'4	...	680'3	'7	'7	8'4	24'5	26'0	33'9	14'7	...	'35	2'4	8'4	41'9	...	141'9	997'6	26		
RAL VINCES.	4,395 {	94'9	'7	2'0	'2	72'4	3'2	7'5	9'1	10'7	20'0	51'6	26'2	'2	'2	...	1'6	33'7	'2	109'0	443'5	19		
AY	11,984 {	22'9	...	'8	'3	213'3	...	40'4	6'5	26'4	55'0	31'0	40'1	'2	'5	3'6	1'0	71'8	'2	296'1	809'9	28		
AS	13,570 {	50'5	'5	'4	'1	22'9	1'4	'6	8'8	4'6	22'5	24'1	1'5	'1	'1	...	1'3	16'3	'1	179'4	335'2	17		
MANS	11,182 {	24'0	...	'2	'5	502'4	...	3'9	4'1	8'9	57'5	41'1	34'1	...	4'7	1'5	17'8	52'7	...	363'0	1,116'3	41'7		
IA (b)	121,705 {	45'3	'9	'3	'9	233'8	'3	20'0	8'9	13'3	32'6	49'9	38'7	'1	1'0	'7	7'0	65'4	'1	252'3	771'5	31		

(a) Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara and excluding Andamans.
(b) Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara and Andamans.

PRISONERS, 1921.

TABLE XXVIII.

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

(Jails with constantly sick rate of above 30 and with an average daily strength of over 200.)

DELHI.

Delhi.—Average strength 554; constantly sick rate 68·6; admission to hospital rate 1,617·3; death rate 18·05. Number of births is insufficient. Hospital accommodation for contagious diseases is not in existence. Inadequate arrangements for disinfecting clothing. There was an outbreak of cholera probably fly-borne and due to the proximity of the city dumping ground.

ASSAM.

Gauhati.—Average strength 417; constantly sick rate 60·0; admission to hospital rate 1,232·6; death rate 43·18. Two temporary sheds were built and used as sleeping barracks from the latter part of December to avoid overcrowding. No special sanitary defects.

Sylhet.—Average strength 765; constantly sick rate 39·2; admission to hospital rate 841·8; death rate 32·68. A large number of tea garden coolies heavily infected with ankylostoma were admitted into the jail. The sickness was chiefly due to the prevalence of ankylostoma, influenza and chicken-pox.

BENGAL.

Mymensingh.—Average strength 666; constantly sick rate 67·6; admission to hospital rate 1,503·0; death rate 33·03. As stated in last year's report, the principal sanitary defect of this jail is the want of fly-proof kitchens.

Tippera.—Average strength 579; constantly sick rate 57·9; admission to hospital rate 1,404·1; death rate 6·91. No sanitary defects.

Chittagong.—Average strength 235; constantly sick rate 46·8; admission to hospital rate 1,519·1; death rate 8·51. There was an overcrowding in all the wards except female ward during last three months of the year. The sickness was mainly due to dysentery, malaria, bronchitis, diarrhoea, scabies and influenza.

Barisal.—Average strength 769; constantly sick rate 76·7; admission to hospital rate 1,243·2; death rate 13·00. According to the registered capacity of the jail, the overcrowding lasted throughout the year but taking the overflow accommodation into account there was overcrowding for nearly 5 months. The jail site is low and damp. The sickness this year was much less as compared with last year. Diarrhoea, dysentery and malaria, as usual, were the principal diseases.

Khulna.—Average strength 236; constantly sick rate 78·3; admission to hospital rate 2,898·3; death rate 38·14. The jail was overcrowded throughout the year. The prevalence of malaria, influenza and bowel complaints had much to do with the hygienic condition of the jail.

Jessore.—Average strength 322; constantly sick rate 37·3; admission to hospital rate 1,024·8; death rate 18·63. The sickness and mortality was due to the same reasons stated in last year's report.

Presidency Central (Indians).—Average strength 1,957; constantly sick rate 31·2; admission to hospital rate 677·1; death rate 14·31. The overcrowding lasted throughout the year and almost in every ward. No special defects.

Alipore Central (Indians).—Average strength 1,450; constantly sick rate 48·3; admission to hospital rate 1,130·3; death rate 16·55. There had been overcrowding during the last six months of the year owing to the arrival of hundreds of non-cooperation prisoners. The jail had been visited with three epidemics. First and second originated in influenza and malaria. The maximum number of the former reached to 70 and of the latter to 71 in the month of August. The third epidemic was of chicken-pox started in November causing 123 cases—2 in November and 121 in December.

Hooghly.—Average strength 415; constantly sick rate 53·0; admission to hospital rate 1,388·0; death rate 19·28. No special defects.

Faridpur.—Average strength 371; constantly sick rate 80·9; admission to hospital rate 1,841·0; death rate 24·26. Accommodation is insufficient in the hospital and other wards. The new hospital building under construction will be completed very soon. The drainage remained to be defective during rainy season as mentioned in last year's report. The cage latrines of various wards are defective owing to the wooden floors.

Rajshahi Central.—Average strength 926; constantly sick rate 34·6; admission to hospital rate 1,048·6; death rate 18·36. There was overcrowding in the jail during the last eight months of the year. The chief cause of sickness was malaria causing 447 admissions against 524 from all other causes put together. On the 24th March as a result of mutiny in the jail, 669 prisoners escaped. Most of them were recaptured shortly after and were found on readmission in a worse state of health than at the time of escape.

Bogra.—Average strength 245; constantly sick rate 32·7; admission to hospital rate 1,122·4; death rate 12·24. Overcrowding lasted for 3 or 4 months during the earlier part of the year. The municipal drain on the south of the jail remained in a very insanitary condition as last year.

Dinajpur.—Average strength 401; constantly sick rate 57·4; admission to hospital rate 798·0; death rate 27·43. No special defects.

Rangpur.—Average strength 348; constantly sick rate 86·2; admission to hospital rate 3,218·4; death rate 17·24. There was overcrowding in the jail during more than half of the year under report. The high rates of sickness and mortality were not due to any causes existing inside the jail. The prisoners came from the unhealthy parts of the district in many cases already infected with malaria.

Suri.—Average strength 293; constantly sick rate 40·3; admission to hospital rate 885·9; death rate 13·42. No special defects.

Midnapore Central.—Average strength 967; constantly sick rate 40·3; admission to hospital rate 1,342·3; death rate 9·31. The water supply is quite insufficient during the dry season. Most of the admissions into hospital were due to malaria, filariasis and influenza.

BIHAR AND ORISSA.

Purulia.—Average strength 216; constantly sick rate 88·0; admission to hospital rate 1,652·8; death rate 18·52. The situation of the kitchen being too close to the hospital is defective. Accommodation in the dysentery ward in hospital is insufficient. There are no proper segregation and undertrial wards in the jail. Chicken-pox was prevalent in a mild form in the jail during the first few months of the year. A few mild and suspected cases of influenza were also recorded.

Hazaribagh Central.—Average strength 354; constantly sick rate 33·9; admission to hospital rate 576·3; death rate 22·60. There was overcrowding in the juvenile and convict wards of the jail during February, March and September. An outbreak of influenza occurred in March and April and accounted for the chief cause of sickness and mortality.

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TABLE XXVIII—*continued*.

BIHAR AND ORISSA—*contd.*

Gaya Central.—Average strength 728; constantly sick rate 72·8; admission to hospital rate 2,049·5; death rate 74·18. The drainage of the jail requires remodelling. Latrine accommodation is insufficient. Tubercle in all forms was prevalent in the jail.

Bhagalpur Central.—Average strength 1,068; constantly sick rate 38·4; admission to hospital rate 738·8; death rate 22·47. The hospital wards are dark and ill ventilated. The chief causes of mortality were influenza, dysentery and tubercle of the lungs.

Monghyr.—Average strength 2151; constantly sick rate 55·8; admission to hospital rate 1,093·0; death rate 13·95. There was overcrowding almost throughout the year. The drain outside the jail is defective. The high admission rate was partly due to the occurrence of an epidemic of influenza in the early part of the year and partly to the fact that a considerable number of prisoners were received in bad and indifferent health.

Muzaffarpur.—Average strength 251; constantly sick rate 51·8; admission to hospital rate 972·1; death rate 31·87. The hospital was overcrowded almost throughout the year. No special defects except that the doors and windows of the hospital should be provided with mosquito-proof wire gauze and a suitable ward might be built for the dysentery gang.

Buxar Central.—Average strength 785; constantly sick rate 43·3; admission to hospital rate 1,098·1; death rate 36·94. The hospital was overcrowded throughout the year except during the first quarter. The sleeping wards and the drain outside the jail are defective. The worst defect is the water supply especially during the hot weather. During the year there were extensive epidemics of bowel complaints in the surrounding population and this was reflected in the jail. Kala-azar and ankyllostomiasis caused much mortality and general ill health.

UNITED PROVINCES.

Ghazipur.—Average strength 225; constantly sick rate 31·1; admission to hospital rate 462·2; death rate 8·89. No special defects.
Sultanpur.—Average strength 243; constantly sick rate 308·6; admission to hospital rate 670·8; death rate 209·88. Drainage both in and outside the jail is defective. The sickness and mortality was not attributed to any particular conditions except pulmonary tuberculosis and cholera.

Banda.—Average strength 202; constantly sick rate 39·6; admission to hospital rate 1,232·7; death rate 24·75. The high admission rate was due to malaria, dysentery and influenza.

Cawnpore.—Average strength 488; constantly sick rate 38·9; admission to hospital rate 1,627·0; death rate 28·69. Overcrowding in undertrial barracks lasted throughout the year. No special defects.

Fatehgarh District.—Average strength 264; constantly sick rate 34·1; admission to hospital rate 1,477·3; death rate 3·79. Malaria prevailed in an epidemic form in the jail.

Saharanpur.—Average strength 274; constantly sick rate 36·5; admission to hospital rate 1,292·0; death rate 21·90. The high sickness and mortality is not due to any particular local condition except the climate of the district to which pneumonia is due.

PUNJAB.

Lahore Central.—Average strength 2,071; constantly sick rate 35·7; admission to hospital rate 817·0; death rate 18·35. Overcrowding lasted throughout the year. More sleeping barracks and hospital accommodation is required. The drainage around the jail leaves a good deal to be desired. The high sickness and mortality was not due to any remediable sanitary defects.

Lahore Borstal Central.—Average strength 1,484; constantly sick rate 43·1; admission to hospital rate 1,622·6; death rate 15·50. No special defects except that the water supply is insufficient.

Shahpur Tubercle.—Average strength 273; constantly sick rate 307·7; admission to hospital rate 355·3; death rate 142·86. No special defects. The total number of cases of tuberculosis sent from other jails during 1921 was less than at any time since the opening of the special jail in November 1915.

Montgomery Central.—Average strength 1,953; constantly sick rate 30·2; admission to hospital rate 1,123·9; death rate 24·07. The population was above the accommodating capacity throughout the year. The drainage is unsatisfactory. The high admission rate was due to malaria causing nearly $\frac{1}{4}$ th of the total admissions.

Multan Central.—Average strength 1,516; constantly sick rate 35·0; admission to hospital rate 1,055·4; death rate 5·94. The surface water drains are somewhat defective. The increase in admission rate was due to the outbreak of a mild form of influenza in the beginning of the year and also to the arrival of prisoners from other jails, many of whom were received in a bad and indifferent state of health.

NORTH-WEST FRONTIER PROVINCE.

Peshawar.—Average strength 1,127; constantly sick rate 30·2; admission to hospital rate 1,794·1; death rate 27·51. There was overcrowding in the jail for 183 days at interrupted periods. No special defects. Malaria was responsible for the increased number of admissions. Out of a total of 2,022 admissions from all causes, 1,750 were from malaria.

BOMBAY.

Hyderabad Central.—Average strength 1,249; constantly sick rate 44·0; admission to hospital rate 1,036·0; death rate 22·42. Overcrowding lasted throughout the year. The high mortality was due to influenza.

Yerrowda Central.—Average strength 1,980; constantly sick rate 43·9; admission to hospital rate 733·8; death rate 15·66. There was overcrowding in the jail throughout the year. No special defects.

Bombay Common Prison.—Average strength 445; constantly sick rate 49·4; admission to hospital rate 2,065·2; death rate 44·94. Overcrowding lasted throughout the year. The jail is a condemned one on account of bad ventilation and construction and for want of space.

Bombay House of Correction.—Average strength 231; constantly sick rate 34·6; admission to hospital rate 913·4; death rate 4·33. No special defects.

MADRAS.

Bellary Central.—Average strength 965; constantly sick rate 37·3; admission to hospital rate 504·7; death rate 16·58. There was overcrowding throughout the year. A latrine for the hospital ward is quite essential. Most of the prisoners admitted into the jail in a poor state of health accounted for the high sickness and mortality.

PRISONERS, 1921.

TABLE XXVIII—*concluded.*

BURMA.

Rangoon Central (Indians).—Average strength 2,336; constantly sick rate 38·5; admission to hospital rate 860·0; death rate 10·27. The jail was overcrowded throughout the year. Admission of a large number of prisoners with opium and cocaine habits contributed a good deal to the high sickness and mortality.

Prome.—Average strength 482; constantly sick rate 49·5; admission to hospital rate 2,538·5; death rate 43·96. The high admission and death rates are due to the fact that a considerable proportion of the prisoners came to jail in a bad state of health and a larger proportion in indifferent health mainly due to vicious habits of tasting opium and alcohol.

Myingyan Central.—Average strength 1,275; constantly sick rate 56·5; admission to hospital rate 371·8; death rate 24·31. There has been overcrowding throughout the year. The drains around the jail are bad but their reconstruction is now being taken in hand. The mortality from bowel complaints amongst prisoners belonging to hill tribes was high.

ANDAMANS.

Andamans.—Average strength 11,182; constantly sick rate 44·7; admission to hospital rate 1,116·3; death rate 17·44. The salt swamps will always remain a potential cause of disease until rendered innocuous either by drainage or filling in. The year 1921 has been the healthiest on record.

PRISONERS, 1921.

TABLE XXIX.

TABLE XXX.

TABLE XXXI.

ENTERIC FEVER by months, Fails, Groups, and Administrations. MALARIA by months, Fails, Groups, and Administrations. PYREXIA of uncertain ORIGIN by months, Fails, Groups, and Administrations.

[illegible]

* Jails where neither Enteric Fever, Malaria nor Pyrexia of uncertain origin occurred are not shown in these Tables.

PRISONERS, 1921.

TABLE XXIX—*contd.*

TABLE XXX—*contd.*

TABLE XXXII—*contd.*

ENTERIC FEVER by months, Fails, Groups,
and Administrations.

6, *MALARIA* by
months, Fails, Groups, and Administrations.

CHOLERA by months, Fails, Groups, and Administrations.

[illegible]

TABLE XXIX—concl'd. TABLE XXX—concl'd. TABLE XXXI—concl'd.

ENTERIC FEVER by months, Jails, Groups,
and Administrations.MALARIA by months, Jails, Groups,
and Administrations.Uncertain ORIGIN by months, Groups
and Administrations.

JAILS, GROUPS, AND ADMINISTRATIONS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM MALARIA IN EACH MONTH.												ADMISSIONS FROM CHOLERA IN EACH MONTH.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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* Including Delhi, Sibi, Quetta, Ajmer, Secunderabad and Mercara and excluding Andamans.

† Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara and Andamans.

PRISONERS, 1921.

TABLE XXXII.

PYREXIA OF U. ORIGIN by months, Fails, Groups, and Administrations.

TABLE XXXIII.

*DYSENTERY by months, Fails, Groups,
and Administrations.*

TABLE XXXIV.

*DIARRHŒA by months, Fails, Groups,
and Administrations.*

[illegible]

* Jails where neither Cholera nor Dysentery nor Diarrhœa occurred are not shown in these tables.

PRISONERS, 1921.

TABLE XXXII—*contd.*

TABLE XXXIII—*contd.*

TABLE XXXIV—*contd.*

*PYREXIA of uncertain origin by months,
Fails, Groups, and Administrations.*

*DYSENTERY by months, Fails, Groups,
and Administrations.*

*DIARRHŒA by months, Fails, Groups,
and Administrations.*

[illegible]

[illegible]

PRISONERS, 1921.

TABLE XXXII—concl'd. TABLE XXXIII—concl'd. TABLE XXXIV—concl'd.

PYREXIA of uncertain origin by months, Fails, Groups, and Administrations.

DYSENTERY by months, Fails, Groups, and Administrations.

DIARRHŒA by months, Fails, Groups, and Administrations.

JAILS, GROUPS, AND ADMINISTRATIONS.	ADMISSIONS FROM CHOLERA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.												ADMISSIONS FROM DIARRHŒA IN EACH MONTH.															
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
A																																								
Bellary, Central	14	
" Camp	40	
Salem, Central	3		
Coimbatore "	67		
B																																								
Palamcottah	6		
Madura	13		
Trichinopoly, Central	2		
Cuddalore	8		
Vellore, Central	28		
Madras Penitentiary, Central.	23		
C																																								
Rajahmundry, Central	74		
Vizagapatam, Central	24		
Berhampur	15		
GROUP XI.—SOUTHERN INDIA	317		
Kohima	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shillong	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Darjeeling	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Almora	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pauri	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Naini Tal	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abbottabad	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mercara	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII.—HILLS	50	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
EXTRA INDIA.—ADEN	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA*	5,616	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BURMA	612	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
ASSAM	280	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BENGAL	1,439	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BIHAR AND ORISSA	941	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
UNITED PROVINCES	1,008	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
PUNJAB	282	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
N.-W. F. PROVINCE	97	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BOMBAY	372	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
CENTRAL PROVINCES	227	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MADRAS	327	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
ANDAMANS	460	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA†	6,076	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* Including Delhi, Sibi, Quetta, Ajmer, Secunderabad and Mercara and excluding Andamans.
† Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara and Andamans.

TABLE XXXV.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.												INDIAN ARMY.						JAIL POPULATION OF INDIA 121,705.
	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS 3,122.			MEN 58,681.				WOMEN 5,77.		CHILDREN 6,809.		BRITISH OFFICERS ATTACHED TO INDIAN TROOPS 3,285.			PRESENT ENROLL- ED. MEN 175,384 200,748				
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.*	Admissions.	Deaths.	Invalids.	Admissions.		Deaths.
DISEASES CAUSED BY INFECTION.																			
Anthrax . . . . .	...	...	...	6	'40	3	...	...	...	...	...	1	...	...	1	1	...	...	...
Blackwater fever . . . . .	...	...	...	1	5	...	...	...	...	...	...	...	...	...	...	...	...	9	1
Chicken-pox	1	...	...	21	1'43	...	...	9	...	43	...	3	...	...	340	...	...	691	...
Cholera	3	1	...	38	1'86	23	...	3	2	...	...	2	1	...	154	81	2	113	54
Cow-pox	1	...	...	43	0'97	...	...	2	...	12	...	...	...	...	...	...	...	6	...
Dengue	40	...	...	836	20'17	...	...	43	...	37	...	27	...	...	302	...	...	30	...
Diphtheria	6	...	...	34	4'74	1	...	11	...	11	2	...	...	...	4	4	...	...	...
Dysentery . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6,076	233
(a) Protozoal	45	...	8	536	46'34	5	10	38	...	31	5	38	...	...	940	17	16	...	...
(b) Bacillary . . . . .	...	...	...	23	2'37	1	...	2	...	2	...	1	...	...	47	2	...	...	...
(c) Group	10	...	...	150	15'68	3	8	12	...	9	2	17	...	...	1,421	33	9	...	...
Encephalitis Lethargica . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Enteric fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	109	27
(a) Typhoid	3	...	...	43	9'17	6	2	19	4	11	...	2	...	...	23	6	...	...	...
(b) Paratyphoid A	5	2	...	25	4'16	2	1	4	...	5	...	2	...	...	9	1	1	...	...
(c) „ B . . . . .	...	...	...	6	1'10	...	...	4	...	...	...	...	...	...	3	...	...	...	...
(d) „ C . . . . .	...	...	...	1	0'25	...	...	...	...	...	...	...	...	...	2	...	...	...	...
(e) Enteric group	12	1	1	127	22'61	12	...	25	5	13	...	15	6	...	82	17	1	...	...
Enteritis, infective . . . . .	...	...	...	2	'22	...	...	...	...	...	...	...	...	...	3	1	...	181	24
Erysipelas	1	...	...	27	1'89	1	...	4	...	...	...	...	...	...	16	3	...	87	10
Gangrene, acute infective . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	2	7	3
Influenza	38	...	...	444	16'55	2	...	14	...	14	...	51	...	...	2,534	174	12	5,515	206
Jaundice spirochaetal . . . . .	...	...	...	1	'06	...	...	...	...	...	...	3	...	...	14	1	...	...	...
(a) Kala-azar . . . . .	...	...	...	2	'58	...	2	...	...	1	1	1	...	...	3	...	1	27	8
(b) Tropical sore	3	...	...	37	2'70	...	...	...	...	2	...	4	...	...	188	...	2	...	...
Leprosy . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	34	...	40	83	16
Malaria	467	2	5	18,878	656'15	44	35	315	3	341	6	736	...	...	39,237	105	474	28,455	107
Measles	8	...	...	27	1'84	1	...	7	1	87	...	7	...	...	267	3	...	39	3
Mediterranean fever . . . . .	...	...	...	1	'21	...	...	...	...	...	...	...	...	...	8	1	...	1	...
Meningococcal infection . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	6	4	...	...	...
Mumps	8	...	...	32	1'72	...	...	2	...	10	...	7	...	...	1,356	...	1	779	2*
Plague . . . . .	...	...	...	1	'01	1	...	...	...	...	...	1	...	...	15	8	...	6	6
Pyæmia . . . . .	...	...	...	1	'35	...	...	...	...	1	1	4	...	...	7	4	...	8	3
Pyrexia of uncertain origin	6	...	...	37	4'60	...	...	4	...	1	...	16	...	...	212	...	...	2,429	7
Rabies . . . . .	...	...	...	2	'01	2	...	...	...	1	1	...	...	...	...	...	...	2	2
Relapsing fever . . . . .	...	...	...	11	'90	...	...	1	...	...	...	1	...	...	115	3	2	20	...
Rheumatic fever	6	...	...	182	18'80	2	10	12	...	4	...	5	...	...	227	1	13	742	7
Rubella	1	...	...	1	'08	...	...	2	...	1	...	1	...	...	12	...	...	...	...
Sand-fly fever	212	...	...	4,387	93'88	...	...	59	...	22	...	236	...	...	4,222	2	...	36	...
Scarlet fever	1	...	...	38	4'36	...	...	2	...	6	...	2	...	...	...	...	...	...	...
Septicæmia	1	1	...	5	'10	4	...	...	...	2	2	...	...	...	4	4	...	8	7
Small-pox	1	...	1	32	4'61	7	...	14	1	6	2	3	1	...	65	5	...	45	3
Tetanus . . . . .	...	...	...	2	'09	...	...	...	...	...	...	...	...	...	4	4	...	7	6
Tubercular disease other than pul- monary.	...	...	...	5	'97	...	1	...	...	...	...	...	...	...	31	6	30	190	58

* Not available.

TABLE XXXV—continued.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.											INDIAN ARMY.						JAIL POPULATION OF INDIA.	
	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			MEN.				WOMEN.		CHILDREN.		BRITISH OFFICERS ATTACHED TO INDIAN TROOPS.			MEN PRESENT ENROLLED.				
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
DISEASES CAUSED BY INFECTION—concl'd.																			
Typhus fever . . . . .	...	...	...	...	..	...	...	...	...	...	...	...	...	...	2	2	...	...	...
(a) Syphilis congenital . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	189	...
(b) „, acquired	4	...	...	1,234	168'83	...	1	2	...	2	...	12	...	...	2,476	6	73	1,382	...
(c) Gonorrhœa	11	...	...	3,972	592'38	1	3	2	...	6	...	16	...	...	2,736	...	129	637	...
(d) Soft sore	2	...	...	1,273	124'10	...	...	...	...	...	...	4	...	...	2,284	...	9	...	...
Whooping-cough . . . . .	...	...	...	...	...	...	...	2	...	12	1	...	...	...	...	...	...	...	...
Other diseases caused by infection . . . . .	...	...	...	...	...	...	...	1	...	1	...	...	...	...	12	...	1	20	...
DISEASES OF THE NERVOUS SYSTEM.																			
Aphasia . . . . .	...	...	...	2	'06	...	2	...	...	...	...	...	...	...	3	...	...	...	...
Cerebral hæmorrhage . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	...	...	7	6	...	6	...
Chorea . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Convulsions of Infancy . . . . .	...	...	...	...	...	...	...	...	...	15	18	...	...	...	...	...	...	1	...
Diseases of the Spinal Cord	1	...	...	...	'63	1	2	3	...	3	3	...	...	...	17	2	10	...	...
Epilepsy . . . . .	...	...	...	44	5'48	...	24	5	...	2	...	2	...	...	95	2	59	159	...
Meningitis, non-specific . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...
Neuralgia	4	...	...	69	2'01	...	...	6	...	...	...	4	...	...	127	...	10	179	...
Neuritis	10	...	1	47	3'78	...	3	6	...	...	...	13	1	...	132	1	17	28	...
Other diseases of the Nervous System	13	1	...	325	9'85	4	9	31	2	5	4	7	1	...	205	9	49	231	...
MENTAL DISEASES.																			
Feeble-mindedness . . . . .	...	...	...	17	2'58	...	12	...	...	...	...	...	...	...	10	...	9	...	...
Dementia	1	...	...	1	0'72	...	4	...	...	...	...	...	...	...	4	1	4	22	...
Mania . . . . .	...	...	...	6	'88	...	8	...	...	...	...	1	...	...	29	...	17	41	...
Melancholia . . . . .	...	...	...	10	1'65	1	8	...	...	...	...	...	...	...	34	...	25	22	...
Delusional Insanity . . . . .	...	...	...	9	2'80	...	11	...	...	...	...	1	...	...	23	...	11	...	...
Neurasthenia	22	...	7	121	7'74	...	24	19	...	...	...	33	...	...	68	...	11	...	...
Other Mental Diseases	1	...	1	24	3'40	1	20	1	...	...	...	3	...	...	19	...	6	34	...
DISEASES OF THE EYE.																			
Cataract . . . . .	...	...	...	3	'16	...	1	...	...	1	...	...	...	...	35	...	27	16	...
Conjunctivitis	4	...	...	174	7'45	...	...	9	...	48	...	3	...	...	2,227	...	27	1,185	...
Keratitis	2	...	1	41	3'63	...	5	...	...	...	...	2	...	...	410	...	45	25	...
Amblyopia . . . . .	...	...	...	6	'61	...	...	...	...	...	...	...	...	...	4	...	...	...	...
Errors of refraction	1	...	...	99	6'36	...	58	1	...	...	...	...	...	...	45	...	20	...	...
Blepharitis . . . . .	...	...	...	27	1'30	...	2	...	...	...	...	...	...	...	39	...	...	...	...
Glaucoma	1	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	4	11	...
Iritis . . . . .	...	...	...	18	1'67	...	...	1	...	2	...	...	...	...	87	...	11	40	...
Trachoma . . . . .	...	...	...	1	'66	...	...	...	...	...	...	...	...	...	549	...	142	55	...
Other diseases of the eye	1	...	...	68	3'46	...	10	1	...	3	...	6	...	...	494	...	98	323	...

DISEASES.	EUROPEAN ARMY OF INDIA.												INDIAN ARMY.						JAIL POPULATION OF INDIA.	
	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			MEN.				WOMEN.		CHILDREN.		BRITISH OFFICERS ATTACHED TO INDIAN TROOPS.			MEN PRESENT ENROLLED.					
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	
DISEASES OF THE EAR.																				
Inflammation external ear	6	...	...	336	10'83	...	...	4	...	3	...	5	...	...	12:	...	1	117	2
Diseases of the middle ear	12	...	...	552	33'76	...	72	3	...	9	...	15	...	...	573	...	83	197	1
Diseases of the mastoid process . . . . .	...	...	...	9	'79	1	1	1	...	...	...	...	...	...	5	...	...	...	...
Other diseases of the ear	1	...	...	58	2'14	...	1	...	...	...	...	2	...	..	44	...	1	3	...
DISEASES OF THE NOSE.																				
Adenoid vegetations	1	...	...	14	'51	...	...	...	...	16	...	1	...	...	3	...	...	...	...
Diseases of the mucous membrane	23	...	...	235	8'14	..	...	10	...	14	1	28	...	...	607	...	2	324	1
Diseases of the bone and cartilage . . . . .	...	...	...	10	'59	...	...	...	...	...	...	...	...	...	...	...	...	48	...
Other diseases of the nose	1	...	...	16	'85	...	...	1	...	1	...	2	...	...	21	...	1	1	...
DISEASES OF THE CIRCULA- TORY SYSTEM.																				
Disordered action of the heart	15	...	2	389	27'04	7	63	8	1	2	1	11	1	...	485	6	134	6	...	
Diseases of the heart valves . . . . .	...	...	1	114	10'23	6	40	10	2	...	...	2	...	...	84	9	53	154	33
Diseases of blood vessels	8	1	...	119	9'08	..	10	12	1	1	...	5	1	...	86	2	19	...	...
Endocarditis malignant . . . . .	...	...	...	3	'77	3	2	1	...	1	2	...	...	...	12	5	4	1	1
Other circulatory diseases	1	...	1	14	'74	5	3	2	...	...	...	2	...	...	29	12	6	70	38
DISEASES OF THE BLOOD.																				
Anæmia primary	3	...	...	193	8'24	...	3	140	...	27	...	8	...	...	1,123	17	73	387	14
„ pernicious . . . . .	...	...	...	3	'34	1	1	...	...	...	...	...	...	...	8	5	1	...	...
„ Secondary	1	..	...	32	1'19	...	4	22	...	2	...	...	...	...	70	2	5	...	...
Debility . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	459	24
Other blood diseases . . . . .	...	...	...	3	'27	...	1	2	...	1	1	...	...	...	14	3	6	12	1
DISEASES OF THE SPLEEN.																				
Other diseases of the spleen	1	...	...	4	'13	...	...	...	...	...	...	1	...	...	113	2	2	119	6
DISEASES OF THE LYMPHATIC SYSTEM.																				
Inflammation of the lymphatic glands	7	...	...	401	33'34	1	5	9	...	18	...	6	1	...	722	5	88	154	1
Inflammation of lymphatic vessels . . . . .	...	...	...	12	'59	...	...	...	...	...	...	1	...	...	24	...	1	65	...
Other diseases of the lymphatic system	1	...	1	1	'03	...	...	...	...	...	...	...	...	...	8	...	1	66	1
DISEASES OF GLANDS OF INTERNAL SECRETION.																				
Hyperthyroidism . . . . .	...	...	...	1	'05	...	4	1	..	...	..	...	...	...	...	...	...	...	...
Goitre . . . . .	...	...	...	15	'61	...	1	...	...	...	...	1	...	...	34	...	2	3	...
Other diseases of glands of internal secretion.	...	...	...	...	...	...	...	...	...	...	1	...	...	...	3	...	...	1	...
DISEASES OF THE BREAST.																				
Inflammation . . . . .	...	...	...	10	'42	...	...	23	...	...	...	...	...	...	5	...	...	...	...
Other diseases of the breast . . . . .	...	...	...	1	'00	...	...	3	...	...	...	...	...	...	1	...	...	9	...
DISEASES OF THE RESPIRA- TORY SYSTEM.																				
Asthma	2	...	1	18	1'33	...	3	6	...	1	...	6	...	...	181	...	48	815	19
Bronchitis	67	...	...	1,059	42'88	1	15	59	...	189	4	71	...	...	5,8'4	5	88	2,840	42
Empyema	3	...	1	13	1'48	2	3	...	...	...	...	...	...	...	16	1	...	6	6
Laryngitis	2	...	...	57	2'39	...	...	2	...	3	...	5	...	..	178	1	1	14	...
Pleurisy	6	...	...	123	10'03	2	...	7	...	...	...	8	...	...	292	5	41	260	20
Pneumonia . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	1,618	412
(a) Lobar	10	1	1	236	25'31	31	...	10	...	17	6	12	3	...	1,859	431	24	...	...
(b) Lobular	6	...	2	99	10'40	20	3	1	1	39	14	4	1	...	937	213	21	...	...
Pulmonary tuberculosis	8	...	1	62	14'70	8	41	11	3	2	1	6	...	...	664	145	504	1,087	372
Other diseases of the Respiratory System	1	...	...	82	4'12	2	1	...	...	2	1	1	...	...	45	8	10	29	5

TABLE XXXV—continued.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.											INDIAN ARMY.						JAIL POPULATION OF INDIA.	
	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			MEN.				WOMEN.		CHILDREN.		BRITISH OFFICERS ATTACHED TO INDIAN TROOPS.			MEN PRESENT ENROLLED.				
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
DISEASES OF THE TEETH AND GUMS.																			
Caries of the dentine cement and enamel	3	...	...	99	3'25	...	...	12	...	2	...	8	...	...	107	...	1	40	...
Gum-boil . . . . .	...	...	...	60	1'24	...	...	...	...	1	...	4	...	...	207	...	...	331	...
Pyorrhœa alveolaris	4	...	...	64	2'75	...	1	3	...	...	...	5	...	...	468	...	72	170	1
Other diseases of the Teeth and Gums	1	...	...	51	1'61	...	...	2	...	16	2	2	...	...	116	...	3	103	...
DISEASES OF THE DIGESTIVE SYSTEM.																			
Stomatitis	1	...	...	17	'66	...	...	2	...	2	...	...	...	...	127	1	...	200	...
Tonsillitis	97	...	...	2,240	66'08	...	...	74	...	61	...	82	...	...	575	2	1	174	1
Hypertrophy of the tonsils . . . . .	...	...	...	13	1'71	...	...	3	...	3	...	...	...	...	1	...	...	...	...
Inflammation of the palate and pillars of fauces	1	...	...	82	2'21	...	...	1	...	5	...	...	...	...	92	...	...	...	...
Diseases of Pharynx and Oesophagus	13	...	...	163	3'84	1	...	5	...	7	...	27	...	...	1,557	...	1	116	...
Gastritis	51	...	...	573	21'30	...	3	75	...	34	2	46	...	...	276	5	3	117	7
Indigestion	20	...	1	328	8'75	...	1	62	...	15	...	11	...	...	686	...	8	1,614	1
Enteritis	17	...	1	196	8'43	1	...	18	...	155	53	23	...	...	173	12	3	364	32
Colitis	20	...	...	241	10'36	...	4	15	...	29	5	45	...	...	3,595	13	8	1,125	35
Fistula in ano	1	...	...	7	0'26	...	...	...	...	...	...	1	...	...	67	...	5	89	...
Hernia . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	99	1
(a) Inguinal	6	...	...	146	12'40	1	1	...	...	10	...	4	...	...	116	...	19	...	...
(b) Other hernias . . . . .	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...
Intestinal obstruction	1	...	...	3	'04	3	...	3	2	...	...	...	...	...	14	6	2	22	11
Appendicitis	22	2	3	188	21'06	8	3	17	1	6	...	27	...	...	99	10	4	41	7
Sprue . . . . .	...	...	...	2	'80	1	...	7	2	...	...	3	...	...	9	3	4	14	9
Hæmorrhoids	14	...	...	317	14'23	...	1	16	...	...	...	16	...	...	472	...	23	486	1
Diarrhœa	125	...	...	1,535	44'94	...	1	94	...	245	24	114	...	...	3,588	2	4	4,710	61
Constipation	19	...	...	648	13'74	...	...	80	...	48	...	17	...	...	1,715	...	...	1,000	...
Colic	18	...	...	321	7'53	...	...	21	...	8	...	9	...	...	299	...	1	390	...
Acute hepatitis	17	...	1	249	15'70	...	7	11	...	3	...	22	...	...	106	...	8	72	2
Abscess of the liver	3	1	1	45	6'16	15	8	...	...	...	...	5	3	...	20	4	1	7	4
Cirrhosis of the liver . . . . .	...	...	...	2	'22	1	...	...	...	...	...	...	...	...	13	4	4	62	28
Jaundice, obstructive	78	...	...	642	32'96	...	...	14	...	10	1	63	...	...	713	6	3	399	6
Cholecystitis including gall-stones .	1	...	...	10	'48	...	...	1	...	...	...	2	...	...	21	...	2	7	3
Other diseases of the Digestive System	17	...	1	194	9'38	7	7	35	4	23	4	15	...	...	267	23	27	546	33
DISEASES DUE TO DISORDERS OF NUTRITION OR OF METABOLISM.																			
Inanition	2	...	...	33	2'24	...	...	18	...	22	8	1	...	...	122	2	13	...	...
Rickets . . . . .	...	...	...	...	...	...	...	...	...	4	2	...	...	...	...	...	...	3	...
Scurvy	1	...	...	...	...	...	...	...	...	...	...	...	...	...	158	3	17	87	2
Beri-beri . . . . .	...	...	...	2	'17	1	...	...	...	...	...	...	...	...	6	1	1	44	3
Gout . . . . .	...	...	...	2	'04	...	...	...	...	...	...	2	...	...	2	...	...	6	...
Diabetes mellitus	2	...	...	2	'25	...	1	1	1	...	...	...	...	...	26	1	13	38	3
Other diseases due to disorders of Nutrition or of Metabolism . .	...	...	...	1	'03	...	...	4	...	...	...	...	...	...	6	...	1	11	1

DISEASES.	EUROPEAN ARMY OF INDIA.											INDIAN ARMY.						JAIL POPULATION OF INDIA.	
	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			MEN.				WOMEN.		CHILDREN.		BRITISH OFFICERS ATTACHED TO INDIAN TROOPS.			MEN PRESENT ENROLLED				
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
DISEASES OF THE MALE ORGANS OF GENERATION.																			
Phimosis	1	...	...	134	6'24	...	...	...	...	29	...	2	...	...	114	...	1	81	...
Paraphimosis . . . . .	...	...	...	17	1'05	...	...	...	...	1	...	...	...	...	21	...	...	20	...
Balanitis . . . . .	...	...	...	237	9'04	...	...	...	...	...	...	...	...	...	115	...	...	6	...
Urethritis	1	...	...	190	10'60	...	...	...	...	...	...	3	...	...	232	...	1	28	1
Stricture of the urethra	1	...	...	7	'46	...	...	...	...	...	...	...	...	...	15	...	...	51	...
Urethral fistula . . . . .	...	...	...	2	'43	...	1	...	...	...	...	...	...	...	1	...	...	5	...
Hypertrophy of the prostate . .	...	...	...	1	'00	...	...	...	...	...	...	...	...	...	...	...	...	4	...
Hydrocele of tunica vaginalis . .	...	...	...	1	'05	...	...	...	...	...	...	...	...	...	37	...	3	161	...
Varicocele . . . . .	...	...	...	74	5'02	...	...	...	...	...	...	3	...	...	12	...	1	2	...
Epididymitis	1	...	...	37	2'50	...	2	...	...	...	...	1	...	...	3	...	4	6	...
Other diseases of the male organs of generation.	7	...	1	242	13'74	...	2	...	...	2	...	5	...	...	3'0	1	4	596	2
DISEASES OF THE FEMALE ORGANS OF GENERATION.																			
Diseases of the ovary . . . . .	...	...	...	...	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...
Diseases of the fallopian tube . .	...	...	...	...	...	...	...	12	...	...	...	...	...	...	...	...	...	...	...
Pelvic peritonitis . . . . .	...	...	...	...	...	...	...	10	1	...	...	...	...	...	...	...	...	...	...
Endometritis . . . . .	...	...	...	...	...	...	...	42	...	...	...	...	...	...	...	...	...	...	...
Displacements and distortions of the uterus.	...	...	...	...	...	...	...	21	...	1	...	...	...	...	...	...	...	...	...
New growths, non-malignant of uterus	...	...	...	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...
Dysmenorrhœa . . . . .	...	...	...	...	...	...	...	12	...	...	...	...	...	...	...	...	...	1	...
Menorrhagia . . . . .	...	...	...	...	...	...	...	36	...	...	...	...	...	...	...	...	...	3	...
Metrorrhagia . . . . .	...	...	...	...	...	...	...	21	...	...	...	...	...	...	...	...	...	...	...
Abortion . . . . .	...	...	...	...	...	...	...	139	1	...	...	...	...	...	...	...	...	5	...
Hæmorrhage associated with parturi- tion.	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...
Other diseases peculiar to women .	...	...	...	...	...	...	...	36	...	...	...	...	...	...	...	...	...	19	...
Other affections consequent on preg- nancy and parturition.	...	...	...	...	...	...	...	38	4	2	...	...	...	...	...	...	...	...	...
DISEASES OF THE ORGANS OF LOCOMOTION.																			
Osteo-myelitis . . . . .	...	...	...	1	'35	...	1	...	...	...	...	...	...	...	11	...	2	...	...
Periostitis	3	...	...	14	1'10	...	...	1	...	...	...	7	...	...	84	...	10	27	...
Other diseases of bone, periosteum and cartilage.	2	...	...	11	1'82	...	4	...	...	...	...	1	...	...	35	...	15	44	1
Arthritis	2	...	...	47	2'27	...	7	...	...	1	1	5	...	...	134	...	35	47	...
Synovitis	22	...	...	639	28'89	...	4	1	...	...	...	40	...	...	615	...	22	256	1
Other diseases of joints	1	...	...	53	3'66	...	8	4	...	2	...	4	...	...	166	1	40	11	...
Disease of the Spine . . . . .	...	...	...	12	'89	...	8	...	...	...	...	...	...	...	9	3	7	5	...
Myalgia	32	...	...	786	21'08	...	...	24	...	1	...	19	...	...	572	...	11	419	...
Flat-foot . . . . .	...	...	...	21	'97	...	14	...	...	...	...	...	...	...	10	...	6	...	...
Hammer toe . . . . .	...	...	...	50	3'30	...	2	1	...	...	...	...	...	...	1	...	1	...	...
Other deformities of the limbs . .	...	...	...	31	1'62	...	11	...	...	...	...	...	...	...	6	...	2	...	...
Other diseases of the organs of loco- motion.	6	...	1	80	3'56	...	1	3	...	1	...	4	...	...	116	...	20	34	1

TABLE XXXV—concluded.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.											INDIAN ARMY.						JAIL POPULATION OF INDIA.	
	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			MEN.				WOMEN.		CHILDREN.		BRITISH OFFICERS ATTACHED TO INDIAN TROOPS.			MEN PRESENT ENROLLED.				
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
DISEASES OF THE AREOLAR TISSUE.																			
Cellulitis	79	...	...	2,474	96'77	...	4	35	...	41	...	74	...	...	2,397	9	24	1,395	14
Abscess	11	...	...	365	15'36	...	2	16	...	11	...	21	...	...	1,513	2	10	3,525	2
Other diseases of the Areolar Tissue . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...	...	32	...	1	19	1
DISEASES OF THE SKIN.																			
Dermatitis	9	...	1	100	4'55	...	...	3	...	2	...	5	...	...	514	1	1	22	...
Ulcer . . . . .	...	...	...	30	2'26	...	...	2	...	2	...	6	...	...	1,139	...	3	3,075	2
Boil	48	...	...	366	30'92	...	...	8	...	18	...	22	...	...	1,145	...	1	1,356	...
Carbuncle	6	...	...	18	'89	1	...	1	...	1	...	1	...	...	23	...	...	103	...
Urticaria	6	...	...	63	1'36	...	...	3	...	5	...	7	...	...	94	...	...	65	...
Impetigo	4	...	...	368	17'16	...	...	5	...	21	...	2	...	...	116	...	...	12	...
Eczema	6	...	...	149	9'47	...	2	5	...	11	...	3	...	...	654	...	6	429	...
Psoriasis	2	...	...	38	2'99	...	...	...	...	...	...	...	...	...	26	...	2	14	...
Wart	1	...	...	108	6'76	...	...	...	...	...	...	1	...	...	45	...	...	6	...
Scabies	2	...	...	283	10'58	...	...	...	...	3	...	...	...	...	1,989	...	...	1,315	...
Favus . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...
Pediculosis . . . . .	...	...	...	21	'40	...	...	...	...	...	...	...	...	...	2	...	...	3	...
Tinea	2	...	...	198	8'85	...	1	2	...	1	...	...	...	...	539	...	...	...	...
Acne . . . . .	...	...	...	20	'84	...	...	1	...	...	...	2	...	...	18	...	...	4	...
Prickly heat . . . . .	...	...	...	45	1'10	...	...	...	...	...	...	1	...	...	8	...	...	4	...
Sycosis . . . . .	...	...	...	24	1'01	...	...	...	...	...	...	1	...	...	60	...	1	1	...
Onychia	3	...	...	125	4'99	...	...	...	...	...	...	1	...	...	23	...	...	35	...
Whitlow	1	...	...	69	2'32	...	...	1	...	1	...	1	...	...	251	...	2	320	...
Ingrowing toe nail	1	...	...	97	4'47	...	...	1	...	...	...	1	...	...	4	...	1	...	...
Other diseases of the skin	6	...	...	171	5'75	...	1	4	...	6	...	2	...	...	262	...	3	390	...
DISEASES OF THE URINARY ORGANS.																			
Acute nephritis	1	...	...	24	2'19	6	2	9	...	3	...	3	...	...	60	7	24	68	12
Chronic nephritis . . . . .	...	...	...	15	'93	...	2	1	1	1	...	...	...	...	6	...	2	194	51
Cystitis	9	...	...	38	2'56	...	...	8	...	...	...	2	...	...	52	...	2	22	2
Calculus of bladder . . . . .	...	...	...	4	'12	...	...	...	...	...	...	...	...	...	8	...	...	7	2
Incontinence of urine . . . . .	...	...	...	10	'38	...	1	...	...	...	...	...	...	...	8	...	1	9	...
Hæmaturia	3	...	...	14	'55	...	...	1	...	...	...	...	...	...	32	...	...	28	...
Other diseases of the urinary organs	1	...	1	76	4'95	1	3	23	...	...	...	11	...	...	77	2	4	104	6
GENERAL INJURIES.																			
Effect of heat due to climate	24	...	...	898	27'56	...	2	11	21	10	...	13	...	...	70	...	...	...	...
Heat-stroke and sun-stroke	4	1	...	219	11'8	67	2	...	1	8	4	1	1	...	18	6	...	145	47
Other general injuries . . . . .	...	2	...	5	'21	13	1	1	...	2	1	1	1	...	13	11	2	11	1

DISEASES.	EUROPEAN ARMY OF INDIA.											INDIAN ARMY.						JAIL POPULATION OF INDIA.	
	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			MEN.				WOMEN.		CHILDREN.		BRITISH OFFICERS ATTACHED TO INDIAN TROOPS.			MEN PRESENT ENROLLED.				
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
LOCAL INJURIES.																			
Burns and scalds	2	...	...	67	4'33	1	2	6	...	7	2	5	...	...	569	4	1	270	1
Abrasions	17	...	...	396	13'55	...	...	4	...	...	...	13	...	...	819	1	2	94	...
Wounds, G. S. W.	9	1	2	79	9'75	16	17	...	...	...	...	35	9	...	722	148	160	...	...
General wounds	43	...	1	658	28'75	1	14	9	...	23	...	44	...	...	3,184	9	61	3,054	50
Contusion	68	...	1	854	29'34	1	2	8	...	15	...	69	...	...	2,597	...	15	680	...
Concussion	9	...	1	30	1'89	...	...	...	...	...	...	12	...	...	40	2	...	4	...
Sprain and strain	48	...	...	779	26'36	...	...	8	...	7	...	49	...	...	864	...	4	315	...
Fracture of bones and cartilages	56	3	2	514	43'78	12	23	6	...	22	1	56	4	...	928	27	133	407	5
Dislocation and displacement	7	...	...	130	8'41	...	5	...	...	...	...	12	...	...	140	1	19	20	...
Injuries self-inflicted . . . . .	...	3	...	14	'77	10	1	...	...	...	...	1	...	...	8	10	...	1	3
Other local injuries	3	...	...	32	2'03	4	1	3	...	3	...	6	...	...	60	9	17	60	6
TUMOURS AND CYSTS.																			
Carcinoma	2	1	...	2	'12	1	...	2	1	...	...	...	...	...	4	1	...	12	7
Sarcoma . . . . .	...	...	...	5	'68	2	1	...	...	1	...	...	...	...	8	2	1	9	2
Other malignant new growths . . . . .	...	...	...	2	'02	...	...	...	...	...	...	...	...	...	4	3	...	1	...
New growths, non-malignant . . . . .	...	...	...	41	2'55	1	...	7	...	...	...	...	...	...	86	...	7	12	...
Cysts . . . . .	...	...	...	63	2'38	1	1	1	...	5	...	2	...	...	189	...	...	21	1
MALFORMATIONS. POISONS.																			
	...	...	...	14	1'13	...	...	...	...	2	1	...	...	...	12	...	3	...	...
Arsenic . . . . .	...	...	...	1	'01	1	...	...	...	...	...	1	...	...	6	7	...	2	2
Delirium tremens	5	1	...	34	1'72	5	2	...	...	...	...	2	1	...	2	...	...	...	...
Chloroform and other anæsthetic drugs.	1	...	...	1	'04	1	...	...	...	...	...	...	...	...	1	1	...	...	...
Other chemical poisons . . . . .	...	...	...	2	'44	...	...	...	...	...	...	...	...	...	1	1	...	...	...
Vaccines and sera	5	...	...	33	'87	...	...	...	...	...	...	...	...	...	14	...	...	...	...
Snakes . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15	4	...	27	3
Insects . . . . .	...	...	...	8	'19	...	...	...	...	...	...	...	...	...	38	...	...	40	...
Vegetable poisons . . . . .	...	...	...	1	'16	2	1	...	...	...	...	...	...	...	15	4	2	1	...
All other poisons	2	...	...	30	'85	2	...	1	...	2	...	2	...	...	15	...	...	89	6
DISEASES DUE TO ANIMAL PARASITES.																			
Ankylostomum duodenale . . . . .	...	...	...	1	'17	...	...	...	...	...	...	...	...	...	199	9	18	1,687	34
Ascaris lumbricoides . . . . .	...	...	...	7	'17	...	...	2	...	1	...	...	...	...	72	...	...	122	...
Bilharziosis . . . . .	...	...	...	1	'17	...	...	...	...	...	...	...	...	...	20	...	2	1	...
Guinea worm . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	206	1	5	364	2
Tænia solium	5	...	...	150	3'16	...	...	9	...	21	...	6	...	...	59	...	1	95	1
Other intestinal parasites	1	...	...	26	'70	...	...	1	...	2	...	1	...	...	27	...	...	...	...
All other animal parasites . . . . .	...	...	...	2	'18	...	...	...	...	...	...	1	...	...	3	...	...	20	...
No appreciable disease	5	...	...	275	9'30	...	...	231	...	145	...	4	...	...	122	...	1	83	...
Anti-rabic treatment	9	...	...	99	6'14	...	...	4	...	6	...	2	...	...	94	...	...	...	...
All other causes . . . . .	...	...	...	...	...	...	...	...	...	10	11	4	...	...	104	...	...	...	...
All causes	2,303	25	55	60,515	3,070'04	408	749	2,515	46	2,250	201	2,654	37	...	119,215	1,782	3,638	93,890	2,417

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